COHC Virtual Board of Directors Meeting
January 13, 2022
Dial-in: 1 (669) 900-6833 • Meeting ID: 542 240 567 • Passcode 406760
Meeting registration: https://bit.ly/2Mkqvit

12:30–12:40 Welcome and Public Comment – Tammy Baney
12:40–12:45 Action Items and Consent Agenda............................................... vote
12:45–12:55 Patient Story – Brad Porterfield/CAC ...................................... info

GOVERNANCE
12:55–1:20 CCO 2022 Budget – Megan Haase & PCS .............. discussion & vote
1:20–1:40 CCO 2022 Performance Metrics – Tricia Wilder .... discussion & vote

LONG-TERM SYSTEMIC CHANGE
1:40–1:50 Strategic Plan Update – Rebeckah Berry ......................... info
Attachment: Strategic Plan Update

RHA/RHIP
1:50–2:00 Operations Council QIM Report – Janice Garceau & Emily Salmon
.................................................................................................................. info
2:00–2:10 CAC Report – Brad Porterfield ........................................ info
2:10–3:30 Adjourn to CAC & Board Relationship-Building Meeting

Consent Agenda
• December 2021 Board Minutes
• November 2021 COHC Financials

Written Reports
• COHC Board Hydraulics
• Executive Director’s Report
• CCO Director Report
• CCO QIM Summary YTD 11.21
• CO CCO Dashboard Q1 2022
• December 2021 CAC Minutes
• January Mini-Grant Reports

Creating a healthier Central Oregon.
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 December 9, 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
- Seth Crawford
- Megan Haase, FNP
- Brad Porterfield
- Kelly Simmelink
- Iman Simmons
- Justin Sivill
- Dan Stevens

**Directors Absent**
- Eric Alexander
- Divya Sharma, MD

**Guests Present**
- MaCayla Arsenault, Central Oregon Health Council
- Rebeckah Berry, Central Oregon Health Council
- Rebecca Donell, OHA
- Miguel Herrada, PacificSource
Mr. Treleaven served as Chair of the meeting and Ms. Smith served as Secretary. 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. He invited Karen Turner, the new recruiter for the executive director position, to introduce herself.

**PUBLIC COMMENT**
Mr. Treleaven invited public comment. No public comment was offered.

**CONSENT AGENDA**
The consent agenda included the November minutes, the October COHC financials, and the CAC membership application of Stacy Shaw.

**MOTION TO APPROVE:** Ms. Johnson motioned to approve the consent agenda; Commissioner Adair seconded. All were in favor and the motion passed unanimously.

**ACTION ITEMS**
Two action items remain open:
- Ms. Mills will create a proposal to add two new community representatives to the Board.
- Ms. Donell will share examples of ways other CCOs are handling the current crises of the pandemic and homelessness as root causes impacting health care and employment. Ms. Baney offered to help address our larger role in confronting these issues.
**Board Officers’ Slate**
The Board was presented with the 2022 officers’ slate: Tammy Baney for Chair and Linda Johnson for Vice Chair. The vote had taken place by email and required ratification by the Board.

**MOTION TO RATIFY:** Mr. Stevens moved to ratify the 2022 Board slate of officers; Mr. Andrews seconded. All were in favor, and the motion passed unanimously.

**COHC Board Hydraulics**
Mr. Treleaven opened the conversation about how the Board works, noting that it is not a typical nonprofit board but a hybrid model combining elements of common pool resource governance. Many Board members represent constituents that have some ownership in the CCO, so there are members with built-in conflicts of interest, which is by design. The Health Council also has a distributed decision-making process, which the Board oversees—e.g., the Operations Council handles QIM metrics, the Community Advisory Council represents patient interests, and RHIP workgroups control the grant-making process. It does not make all the decisions itself.

Ms. Mills added that the Board operates under the three pillars of the Strategic Plan—governance of the CCO, long-term systemic change, and the RHA and RHIP—and under the distributed leadership model has empowered the committees and workgroups of the Health Council to do the work of the Health Council from the community perspective by design. She also noted that Section 2 of the COHC Bylaws sets out the duties of the Board.

**Issue Resolution Process: The Box**
Ms. Johnson shared the Governance Committee discussion from their November ad hoc meeting regarding issues that arise for the Board that cannot be resolved through normal paths. Their underlying key assumption is that everyone on the Board has an unquestioned commitment to the work of the Health Council, but from time to time there are conflicts of interest. They proposed the following dispute resolution model to the Board.

If there is an issue that an appropriate committee would normally handle, it should be delegated to them for discussion and the resolution reported back to the Board. If a solution is not reached, the committee should inform the Board Chair that it was unable to be resolved at a local level. The Chair can then refer the issue to “The Box” (conceived as the box on an organizational chart where problems can be sent that don’t fit in any of the other boxes). Those involved would meet in this neutral space to discuss the issue, with the expectation that the problem would be worked in the Box until all parties were satisfied. If it is relevant to a contract issue, PacificSource would be involved. A disinterested individual would facilitate; if necessary, a mediator could be hired. The outcome would be reported to the Board—whether an agreement was reached, whether there is no need to talk about it further or there is a need to talk about it. The Board Chair could also refer issues directly to the Box and could facilitate, if appropriate.
Ms. Johnson explained that it would be the Board’s responsibility to determine whether issues fell within the Health Council’s scope and whether they were a unique situation for the Box or there were enough similar situations that a new committee might be required.

Mr. Porterfield asked whether there was a role for the CAC to play in the process, noting the emerging issues process they had recently developed. Ms. Johnson clarified that it was a conflict resolution process at the Board level for organizations that members represent to create a path to working together productively. If it was a health system issue, there could be a role for the CAC. She asked whether the Board would like to motion to accept the issue resolution process.

MOTION TO APPROVE: Ms. Baney motioned to approve the issue resolution process; Dr. Allen seconded. All were in favor and the motion passed unanimously.

**FINANCE: CCO 2022 BUDGET**
Ms. Haase gave an update from the Finance Committee regarding the 2022 budget that PacificSource had presented at the December meeting, which included a projected recapture of $545,000. After some discussion, the committee agreed that they would like to see the margin at 2 percent so there wouldn’t be a potential recapture and asked Mr. Samudio to return in, there was no proposed budget for the Board’s approval. Ms. Haase pointed out that the CCO budget process happens concurrently with the contract committee process. The contract process takes longer than the budget, which is difficult since the budget has assumptions about the contract.

**IMPLICATIONS OF FUTURE RECAPTURE**
Ms. Haase also discussed the upcoming recapture for 2021. The projected amount had increased from the $1.7 million predicted in November, which was based on September financials, to $3.2 million from the October financials. The bucket that the recapture comes out of is future shared savings from the Health Council. Ms. Mills shared that the JMA specifies that recapture can be paid back at a rate that doesn’t disturb COHC’s operating income or the monthly RHIP disbursement.

**PATIENT STORY**
Mr. Porterfield shared the story of a woman in Prineville who was having trouble getting her children assigned and in to see pediatric dentists. She claimed that parents find it difficult to figure out what dentist they are assigned to and some people have no idea where to start and concluded that we need an easier way to get these types of situations handled.

Dr. Allen agreed that often people do not know who their dental provider is. Patients are assigned to a particular provider at one of the three DCOs working with the CCO but how do they find out. He shared that Advantage has relationships with the other DCOs, so when issues are elevated to the Health Council, they discuss them as a dental stakeholder group.
Ms. Taylor commented via chat that notwithstanding the complexity of the DCO contracts and networks, PacificSource tries to set up a “no wrong door” with their customer service and care coordination team, so if someone calls with a dental question or issue, their team will work with the DCO to ensure that members' needs are addressed.

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

Mr. Herrada gave a CLAS update, sharing that they had received a health equity plan score of 59 out of 62 last year. They have seen good results and have strong support from leadership. Although they cannot create incentives, they have made changes in new contracts and some policies regarding when and how to use interpretive services. They are working to support the development of workforce diversity to ensure qualified, certified interpreters. Utilization numbers remain low—the Central Oregon Spanish-speaking population is between 9 and 10 percent, but the need for language interpretation is around 4 percent because people are sometimes afraid to ask. And they need to better the culture around grievances and appeals but do not yet have all the tools and procedures to work together with communities to design processes and services.

Questions included who scores the health equity plan, how do they compare to other CCO regions, and is it possible to obtain reports from other CCOs? Ms. Donell explained that they were scored through OHA's Office of Equity and Inclusion (OEI). She offered to find out what information was publicly available and whether there were plan comparisons.

**ACTION:** Ms. Donell will send CLAS information from other CCOs to Ms. Mills to send out.

**RHIP Workgroup Budget Tracker**

Ms. Mills informed the Board that the workgroups had successfully invested the required $2.5 million for 2021, and in fact exceeded that sum. Unsurprisingly, Stable Housing had the largest spend for the year. There are already a couple of fairly large grants in the works for early 2022.

Many thanks were given to Mr. Treleaven for his service as Board Chair, and he shared that he appreciated the opportunity to act as Board chair for the past two years.

**Adjournment**

There being no further business to come before the Board, the meeting was adjourned at 2:40 pm Pacific Standard Time.

Respectfully submitted,

_________________________
Camille Smith, Secretary
## Central Oregon Health Council
### Statement of Financial Position
#### YTD 11.2021 - Post Audit

### ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>General Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking/Savings</td>
<td>$ 19,722,520</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>-</td>
</tr>
<tr>
<td>COPA - Security Deposit</td>
<td>1,997</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$ 19,724,517</td>
</tr>
</tbody>
</table>

### LIABILITIES & EQUITY

<table>
<thead>
<tr>
<th>Description</th>
<th>General Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>$ 75,671</td>
</tr>
<tr>
<td>Payroll Payable (PTO Accrual)</td>
<td>23,980</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES &amp; EQUITY</strong></td>
<td>$ 99,651</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>General Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHIP 2020-2024 Payable</td>
<td>9,287,898</td>
</tr>
<tr>
<td>Grants Payable</td>
<td>2,472,977</td>
</tr>
<tr>
<td><strong>Net assets without donor restrictions</strong></td>
<td>11,760,874</td>
</tr>
<tr>
<td><strong>Net Income/(loss)</strong></td>
<td>(210,728)</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES &amp; EQUITY</strong></td>
<td>$ 19,724,517</td>
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</tbody>
</table>

### Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>1,079,964</td>
<td>1,008,333</td>
<td>7%</td>
</tr>
<tr>
<td>Community Impact Funds</td>
<td>2,500,000</td>
<td>2,475,000</td>
<td>1%</td>
</tr>
<tr>
<td>Grants</td>
<td>104,768</td>
<td>45,833</td>
<td>129%</td>
</tr>
<tr>
<td>Interest income</td>
<td>63,672</td>
<td>137,500</td>
<td>-54%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>3,748,404</td>
<td>3,666,667</td>
<td>2%</td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Expense</td>
<td>1,121,853</td>
<td>1,147,407</td>
<td>2%</td>
</tr>
<tr>
<td>Community Impact Funds*</td>
<td>2,837,279</td>
<td>4,125,000</td>
<td>31%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>3,959,132</td>
<td>5,272,407</td>
<td>25%</td>
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<table>
<thead>
<tr>
<th>Description</th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Income</strong></td>
<td>(210,728)</td>
<td>(1,605,741)</td>
<td>-87%</td>
</tr>
</tbody>
</table>

* **Community Impact Funds - Top 4 funded 2021**
  - Homeless Leadership Coalition | 526,970
  - Creach Consulting             | 518,450
  - FUSE                          | 265,000
  - COVID-19 Mini Grants (NTE $5k)| 255,466
  - COIC                          | 200,000
  - All other                     | 1,596,463
  **TOTAL**                       | $ 2,837,379

**Variance is due to timing of Community Impact Funds revenue and distribution of funds through Grants in different years.**

### CCO Financials

<table>
<thead>
<tr>
<th>P &amp; L Board trigger</th>
<th>Recapture Board trigger</th>
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<tbody>
<tr>
<td>Yes or No</td>
<td>Yes or No</td>
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<tr>
<td>May-21</td>
<td>No</td>
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<tr>
<td>Jun-21</td>
<td>No</td>
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<tr>
<td>Jul-21</td>
<td>No</td>
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<td>Aug-21</td>
<td>No</td>
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<td>Sep-21</td>
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<td>Oct-21</td>
<td>No</td>
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<tr>
<td>Nov-21</td>
<td>No</td>
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<tr>
<td>Dec-21</td>
<td>Yes</td>
</tr>
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</table>
COHC STRATEGIC PLAN

BRIEF UPDATE
The COHC Board uses a hybrid distributed leadership model.
The Board functions as the Health Council in the boardroom.
COHC staff are the Health Council at work.
The community is the true Health Council, and where the decisions are ultimately made.
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<td>Provider Satisfaction Survey</td>
<td>Create a “small test of measurable change” plan</td>
<td>Exploit multi-sector ownership of CCO budget</td>
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<td>Regular touch points with providers</td>
<td>Pilot change in small clinic</td>
<td>Creating aligned partnerships for innovation between payers, delivery systems and patients</td>
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**Drive Behavior**

- Different payer to align on value based contracts
- One interface for all access points for resources (CIE)
- Incentive tied to improved partnerships
- Increase investment for data hub
- Unify HIE/pop health

**Inciting better outcomes**

**Response to Mandate**

- Offer continuous educational cohorts around effective systems change
- Be nimble
- Prioritization of demands
- Insert CAC into policy work
- Bring OHA leadership to COHC
- Increase advocacy with state

**Engaging regulators for informed decision making**

**Data Collection**

- Establish regional “norms” for data set
- Establish a Data subcommittee

**Investing & developing data infrastructure to support continuous performance improvement**

**External Communication**

- Steward really successful RHIP
- Strategic Communications Plan
- Round table talks with tech entrepreneurs
- Completing the ENDS statement

**Demonstrating Effective Governance**

**Addressing Inequity**

- Focus resource investment on needs of rural poor
- Increase data capturing to identify disparities
- Scale work of Central Oregon (DEI)
- Education module on how inequality impacts patient behavior

**Identifying & Addressing Inequities**
### Demonstrating Effective Governance

<table>
<thead>
<tr>
<th>Q4 - 2021</th>
<th>Q1 - 2022</th>
<th>Q2 - 2022</th>
<th>Q3 - 2022</th>
<th>Q4 - 2022</th>
<th>Q1 - 2023</th>
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<tbody>
<tr>
<td><strong>Develop simple and concise multi-level external communications plan for board member and partner use.</strong></td>
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<tr>
<td>The COHC Board can name the key cost drivers in the CCO that are creating decreased margins.</td>
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<td><strong>Develop a process and tools for annual COHC Board self-evaluation.</strong></td>
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<td>COHC RHIP Workgroups begin funding multi-sector projects</td>
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<td><strong>Board self-eval will be conducted for the first time</strong></td>
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<tr>
<td><strong>Survey Board members for current state adoption of the COHC SP &amp; RHIP Priorities in their organizations</strong></td>
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<tr>
<td>Impact regional health through the RHIP (participation, investments)</td>
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<tr>
<td>Establish baseline data around key cost drivers.</td>
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<tr>
<td>Explore strategic planning processes tailored to our community coalition model</td>
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<tr>
<td><strong>Survey for SP RHIP Adoption</strong></td>
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### Engaging Regulators for Informed Decision-Making

- Strategic Planning
- Key Cost Driver Baseline Data
- Naming Key Cost Drivers
- Board Self-Eval First Year
- Board Self-Eval Process
- **Survey for SP RHIP Adoption**
- External Communication
Survey collecting Board member’s organization alignment with RHIP was extended to receive results from all Board organizations.

Governance will now review the results and provide a summary and recommendations at the February Board meeting.
Health partners in Central Oregon are making important strides to improve the overall health of all residents in our region. These efforts will continue to be facilitated by partnerships among health care, local governments, educators, community-based and non-profit organizations, community and resident groups, and other health-serving entities. To further our vision of a healthier Central Oregon, regional partners have once again collaborated to compile the 2020-2024 Central Oregon Regional Health Improvement Plan (RHIP).

In Central Oregon, many people enjoy an enhanced quality of life, however, many inequities are still present. Creating a healthier Central Oregon is critical to our region’s continued success. This plan offers a roadmap through which this can be achieved.

As the Central Oregon Health Council (COHC) Board of Directors, we are committed to the following:

1. Pursuing the priorities, goals, and strategies described in this plan.
2. Continuing to build systems of health that support these priorities and meet the needs of our region.
3. Aligning plans of our respective organizations with the priorities of the RHIP.
4. Facilitating cross-sectoral partnerships to achieve these priorities.
Tammy Bane, Chair  
Executive Director, Central Oregon Intergovernmental Council

Patti Adair  
Deschutes County Commissioner

Paul Andrews, Ed.D.  
Superintendent, High Desert Education Service District

Kelly Simmelink  
Jefferson County Commissioner

Eric Alexander  
CEO, Partners in Care

Seth Crawford  
Crook County Judge

Megan Haase, FNP  
CEO, Mosaic Medical

Linda McCoy  
Chair, Community Advisory Council

Divya Sharma, MD, MS  
Medical Director, Central Oregon Independent Practice Association

Joseph Sluka  
CEO, St. Charles Health System

Dan Stevens  
Senior Vice President, PacificSource Health Plans
| Practical Visions: What do we want to see in place with the COHC in the next five years? |
|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| **Vibrant Healthy Communities** | **Sustainable Multi-Sector Integration** | **COHC as the Health Improvement Convener** | **Strong Value & Leadership** | **Exceptional CCO Performance** |
| Diversity reflected in populations served | Health care coordination community wide | COHC a household name | Data aggregation across all lines of business | >90% of provider participation in CCO |
| High community resilience | Substance use disorder identified and engaged throughout health care | Expand COHC model statewide | Payer alignment | Leading state in QIMs (Quality Incentive Metrics) |
| Social isolation low & social networks high | School-based medical & dental integration | Broad community awareness | Total cost of care growth under 3.4% | Meet CCO 2.0 criteria |
| Hospital beds empty, yet St. Charles secure | 90% of all providers participating | The COHC is trusted by the public and partners | Increase quality of care | Greater provider satisfaction |
| Meet three RHA/RHIP objectives at 100% | Increased engagement with youth & schools | Collaboration & technology incubator | | End OHP patient stigma |
| High school graduation rate 98% | System of depression/suicide treatment across sectors | Leading Central Oregon health care program convener | | |
| Decrease use of med/surgery & E.D. beds | Increased RHIP measure alignment with partner organizations | | | |
| 99% of newborns healthy | Strong partnerships with businesses & industry | | | |
| Decrease homelessness by increasing affordable housing | K-12 to health careers education & pipeline | | | |
| Meet 70% of all RHIP objectives | Secure one new funding stream (in addition to PacificSource) | | | |
| Improvement in County Health Rankings | | | | |
# STRATEGIC DIRECTIONS: What Moves Us Toward Our 2025 Practical Visions

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## Drive Behavior

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## Incenting better outcomes

## Response to Mandate

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<th>Offer continuous educational cohorts around effective systems change</th>
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## Data Collection

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<th>Establish regional “norms” for data set</th>
<th>Establish a Data subcommittee</th>
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## Investing & developing data infrastructure to support continuous performance improvement

## External Communication

- Steward really successful RHIP
- Strategic Communications Plan
- Round table talks with tech entrepreneurs
- Completing the ENDS statement

## Demonstrating Effective Governance

## Addressing Inequity

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<th>Focus resource investment on needs of rural poor</th>
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<th>Scale work of Central Oregon (DEI)</th>
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## Identifying & Addressing Inequities

## Engaging regulators for informed decision making
March 2022, Board members will receive a survey collecting:

• Input on the COHC Strategic Plan as it pertains to the Central Oregon current state / environment

• COHC Strategic Plan and Board member organization’s alignment assessment
Governance will review results of this survey and present recommendations at the May Board retreat.
The COHC Board uses a hybrid distributed leadership model. The Board functions as the Health Council in the boardroom. COHC staff are the Health Council at work. The community is the true Health Council, and where the decisions are ultimately made.
Central Oregon Health Council
Executive Director’s Report
January 13, 2022

- 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
- Maintain office closure and provide for minimal disruption to staff, committees, workgroups, and community
- Manage Strategic Plan
- Manage monthly bookkeeping oversight
- Local Public Safety Coordinating Council member
- Current American College of Healthcare Executives (ACHE)
- Economic Recovery Plan/CEDS member
- Manage virtual onboarding
- Advisory to OHP (CCO) contract discussions
- Manage community re-entry (Delta/Omicron variant)- no progress
- Staff recruitment committee and recruiter hire
- Begin Finance Committee/DEI conversation
- Prepare COHC staff/community for ED transition
- Community Justice member
- Prepare for January BOD/CAC meeting
- Strategic Plan update for BOD
- Prepping for CBI/HRS migration from PCS to COHC

Coming up:
- Offboarding
CCO Director Report
Date: January 2022
To: The Central Oregon Health Council (COHC) Board of Directors
Prepared by: Tricia Wilder, Director, Central Oregon CCO

PACIFICSOURCE COMMUNITY SOLUTIONS (PCS) MARION-POLK CCO UPDATES:

Quality Incentive Measures (QIMs)
I. 2021 Performance to Date
As of December 1, the Central Oregon CCO is meeting eight of eleven metrics for a potential 100% payout. In 2021, OHA is combining three separate performance measures for final payout calculations including: QIMs, Challenge Pool Metrics, and the newly established Emergency Outcome Tracking (EOT) COVID-19 Vaccine Measure. The CCO estimates overall payout will land between 90-100%. Please see the attached Performance Matrix.

II. Emergency Outcome Tracking (EOT) COVID-19 Vaccine Measure
As of December 1, the Central Oregon CCO has met the overall target for the 16+ age group and three of the seven required race/ethnicity groups. Overall performance has surpassed target with a rate of 48.4%, target is 47.4%. The 12-15 year old age group has current performance of 38.6% with a target of 42%.

III. 2022 Measure Set Overview
The OHA’s Metrics and Scoring Committee finalized the 2022 QIM measure set, which includes:
- Retiring the ED Utilization for Individuals Experiencing Mental Illness QIM;
- Moving all remaining 13 QIMs over into 2022; and
- Adding a new QIM focused on social emotional health for 0-5 year olds.
PCS will work with the Health Council and early learning partners to mobilize on the new social emotional health QIM in early 2022.

2022 CCO Budget
PCS completed its annual budget in mid-December. The Board of Directors can expect a presentation of the Finance Committee’s recommendation to approve the 2022 CCO budget to the Board for review and consideration at its January meeting.

2022 CCO Performance Metrics
In support of PCS-COHC Joint Management Agreement responsibilities, PCS has collaborated with the COHC Board to identify annual CCO performance metrics for quarterly report outs. PCS and the COHC Board identified nineteen metrics for 2021 organized by four categories: 1) quality and member experience, 2) CCO 2.0 requirements, 3) financial stability and 4) operations. PCS is currently working to develop the annual CCO performance metric set for 2022, streamlining and condensing metrics where feasible to ease review and monitoring by the COHC Board. At the January COHC Board meeting, PCS will present the 2022 metrics for discussion and continue to provide the COHC Board with quarterly updates on metric performance moving forward.
Upcoming Provider Trainings
PacificSource is still offering our contracted Medicaid providers and their staff access to OHA approved training that meets the requirements of HB 2011 (2019) for a limited time. These are interactive, self-paced online module trainings. To access the courses below for yourself and/or your staff please email: trainingopportunities@pacificsource.com

- Recognizing & Overcoming Unconscious Bias (1 CME/CEU)
- ResCUE Model for Cross-Cultural Clinical Care (1 CME/CEU)

PacificSource is now offering a Dual Special Needs Care Plan (D-SNP). All providers who care for members on the D-SNP plan must complete D-SNP Model of Care Training. This training is now available online for easy access. It takes approximately 30 minutes to complete and .5 AMA PRA Category 1 Credits are available upon completion of the training and evaluation. Click HERE to enroll.

PACIFICSOURCE COMPANY-WIDE UPDATES:

PacificSource Health Plans Announces 2021-2022 Community Health Excellence Program Funding Recipients

(Springfield, Ore.) December 6, 2021—PacificSource Health Plans is pleased to announce the 15 healthcare organizations that will receive a combined total of more than $1.6 million in funding as part of its annual Community Health Excellence (CHE) program for the 2021-2022 cycle. Now in its 12th year, the CHE program has awarded more than $8 million in community grant awards to providers advancing healthcare delivery innovations in Oregon, Idaho, Montana, and, Washington.

2021-2022 CHE program awards include a number of projects centered on improving access to services through recruitment, retention, clinic expansion, and healthcare service integration. Additionally, one third of funded projects focus on reducing health disparities and improving equitable access to care.

CHE one-year grant awards include: AWARE (MT), Bingham Memorial Hospital (ID), Cancer Support Community Montana (MT), Columbia Gorge Family Medicine (OR), Corvallis Family Medicine PC (OR), Mosaic Medical (OR), One Community Health (OR), Orchid Health (OR), Partnership Health Center (MT), Sandpoint Family Health Center (ID), and Valor Health (ID). Two-year grants to improve behavioral health access were awarded to: Center for Family Development (OR), Kootenai Health Foundation (ID), Mid-Columbia Medical Center (OR), and Weiser Memorial Hospital (ID).

“With the continued community impact of COVID-19 in 2021, I’m pleased that we were able to expand the CHE program to be more responsive to provider needs, including adding a two-year grant to improve behavioral health service access,” said Ken Provenercher, president and CEO of PacificSource. “I am confident this year’s grantees and the important work they facilitate will improve the long-term health of the communities these providers serve.”

Through the CHE program, PacificSource funds provider projects that advance healthcare integration, address health disparities and promote equity, and that develop the provider workforce. Applications are independently evaluated, and awards go to organizations that prioritize advancing the Quadruple Aim and demonstrate significant positive impact for their patients, regardless of their insurance or PacificSource member status.
To be considered for the CHE program, contracted PacificSource providers must complete an online application including a detailed budget. The next CHE grant cycle will open in January 2022. For more information, please visit https://www.pacificsource.com/che-program/
# Quality Incentive Measure CCO Summary

**YTD through 11/30/2021**

<table>
<thead>
<tr>
<th>CCO</th>
<th>MEASURE</th>
<th>SUB-MEASURE</th>
<th>NUM</th>
<th>DEN</th>
<th>RATE</th>
<th>TGT</th>
<th>DIFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Oregon</td>
<td>Adolescent Immunizations</td>
<td>Combo 2</td>
<td>417</td>
<td>1,193</td>
<td>35.0</td>
<td>29.0</td>
<td>6.0</td>
</tr>
<tr>
<td></td>
<td>Childhood Immunizations</td>
<td>Combo 2</td>
<td>744</td>
<td>1,210</td>
<td>61.5</td>
<td>68.9</td>
<td>-7.4</td>
</tr>
<tr>
<td></td>
<td>Dental &amp; Oral Services</td>
<td>Age 1-5</td>
<td>2,761</td>
<td>6,657</td>
<td>41.5</td>
<td>33.7</td>
<td>7.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Age 6-14</td>
<td>5,876</td>
<td>11,045</td>
<td>49.2</td>
<td>43.1</td>
<td>6.1</td>
</tr>
<tr>
<td></td>
<td>ED Utilization - MI</td>
<td>None</td>
<td>9,587</td>
<td>134,221</td>
<td>71.4</td>
<td>97.3</td>
<td>-25.9</td>
</tr>
<tr>
<td></td>
<td>Initiation and Engagement of AOD Treatment</td>
<td>Initiation</td>
<td>782</td>
<td>2,250</td>
<td>34.8</td>
<td>36.3</td>
<td>-1.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Engagement</td>
<td>336</td>
<td>2,250</td>
<td>14.9</td>
<td>9.9</td>
<td>5.0</td>
</tr>
<tr>
<td></td>
<td>Oral Evaluation - Diabetic</td>
<td>None</td>
<td>426</td>
<td>2,270</td>
<td>18.8</td>
<td>17.3</td>
<td>1.5</td>
</tr>
<tr>
<td></td>
<td>Postpartum Care</td>
<td>None</td>
<td>559</td>
<td>729</td>
<td>76.7</td>
<td>61.3</td>
<td>15.4</td>
</tr>
<tr>
<td></td>
<td>Well-Child Visits</td>
<td>Age 3-6</td>
<td>3,303</td>
<td>5,150</td>
<td>64.1</td>
<td>54.6</td>
<td>9.5</td>
</tr>
</tbody>
</table>
Central Oregon Coordinated Care Organization

Updated 1/3/2022

**ACCESS & UTILIZATION**
(01/2019 to 11/2021; no completion factor applied)

<table>
<thead>
<tr>
<th>Setting</th>
<th>Visits PTMPY</th>
<th>% Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>3,493</td>
<td>16%</td>
</tr>
<tr>
<td>2020</td>
<td>4,350</td>
<td>21%</td>
</tr>
<tr>
<td>2021 YTD</td>
<td>3,945</td>
<td>21%</td>
</tr>
<tr>
<td>Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>1,120</td>
<td>32%</td>
</tr>
<tr>
<td>2020</td>
<td>685</td>
<td>24%</td>
</tr>
<tr>
<td>2021 YTD</td>
<td>731</td>
<td>26%</td>
</tr>
<tr>
<td>Primary Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>2,182</td>
<td>49%</td>
</tr>
<tr>
<td>2020</td>
<td>1,867</td>
<td>47%</td>
</tr>
<tr>
<td>2021 YTD</td>
<td>1,682</td>
<td>47%</td>
</tr>
<tr>
<td>Specialist Office</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>636</td>
<td>17%</td>
</tr>
<tr>
<td>2020</td>
<td>579</td>
<td>17%</td>
</tr>
<tr>
<td>2021 YTD</td>
<td>571</td>
<td>17%</td>
</tr>
<tr>
<td>Emergency Dept</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>572</td>
<td>20%</td>
</tr>
<tr>
<td>2020</td>
<td>434</td>
<td>17%</td>
</tr>
<tr>
<td>2021 YTD</td>
<td>385</td>
<td>16%</td>
</tr>
<tr>
<td>Inpatient Admits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>83</td>
<td>4%</td>
</tr>
<tr>
<td>2020</td>
<td>73</td>
<td>4%</td>
</tr>
<tr>
<td>2021 YTD</td>
<td>59</td>
<td>4%</td>
</tr>
</tbody>
</table>

*Visits Per 1,000 Members per Year

**COST OF CARE**

<table>
<thead>
<tr>
<th>Setting</th>
<th>Actual PMPM</th>
<th>Difference from Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>12/20: $333.78</td>
<td>($38.48)</td>
</tr>
<tr>
<td></td>
<td>10/21: $373.66</td>
<td>($20.40)</td>
</tr>
<tr>
<td>Dental</td>
<td>12/20: $26.93</td>
<td>($4.57)</td>
</tr>
<tr>
<td></td>
<td>10/21: $21.36</td>
<td>$1.35</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>12/20: $68.24</td>
<td>($4.60)</td>
</tr>
<tr>
<td></td>
<td>10/21: $61.16</td>
<td>$15.32</td>
</tr>
<tr>
<td>TOTAL EXPENSES</td>
<td>12/20: $451.86</td>
<td>($53.19)</td>
</tr>
<tr>
<td></td>
<td>10/21: $469.20</td>
<td>($3.36)</td>
</tr>
</tbody>
</table>

**FOCUS ON: INTERPRETER SERVICES**

2021 Q3
Visits w/ Interpreter Needed 2,786
Gaps reflect visits where an interpreter svc was not found in claims or vendor data

Visits w/ Int Svc Documented 441
15.8%

Visits w/ Qual/Cert Interpreter 134
4.8%

**FOCUS ON: INTERPRETER SERVICES**
2021 YTD Interpreter Service Utilization by Care Setting

<table>
<thead>
<tr>
<th>Setting</th>
<th>Visits w/ Int Needed</th>
<th>% Visits w/ Int Svc Documented</th>
<th>% Visits w/ Qual/Cert Interpreter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td></td>
<td>21.8%</td>
<td>10.6%</td>
</tr>
<tr>
<td>BH</td>
<td></td>
<td>6.0%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Dental</td>
<td></td>
<td>6.6%</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

Member Satisfaction Surveys on Interpreter Services (1/2020 - 12/2021)

- Very Satisfied: 83.3%
- Satisfied: 11.1%
- Neutral: 5.6%

% Satisfied or Very Satisfied Trend 66.7%
GENERAL DEFINITIONS AND ACRONYMS

<table>
<thead>
<tr>
<th>Adult / Child Age Group</th>
<th>In this report Adults include members who are 18 years of age or older and children are members under the age of 18.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH</td>
<td>Behavioral Health (mental health, substance abuse and addictions)</td>
</tr>
<tr>
<td>BIPOC</td>
<td>Black, Indigenous, People of Color (BIPOC); this report defines BIPOC as members who self-identified as American Indian, Asian, Black or African American, Hispanic Latinx, Middle Eastern/Northern African, and/or Native Hawaiian or Pacific Islander according to REALD data.</td>
</tr>
<tr>
<td>Medical Claims Expense</td>
<td>Claims-related expenses, including capitation, pharmacy, disease management and network fees, pharmacy rebates (if applicable), health services expenses and IBNR (incurred but not received).</td>
</tr>
<tr>
<td>NEMT</td>
<td>Non-Emergent Medical Transport</td>
</tr>
<tr>
<td>Other PCS</td>
<td>Other PCS in the Member Grievance PTMPY section includes other PacificSource Medicaid Regions combined.</td>
</tr>
<tr>
<td>PTMPY</td>
<td>Per thousand members per year</td>
</tr>
<tr>
<td>REALD</td>
<td>Race, ethnicity, language and disability (REALD) data. This data is optional for members to provide, is collected by OHA and sent to CCOs in member eligibility data files.</td>
</tr>
<tr>
<td>REALD Primary Race</td>
<td>In the REALD data set, members may select as many races/ethnicities as apply. They are also asked to indicate their primary race.</td>
</tr>
<tr>
<td>YTD</td>
<td>Year to date. For this dashboard, Financial YTD is based on the calendar year beginning January 1st.</td>
</tr>
</tbody>
</table>

INTERPRETER SERVICES ACRONYMS & METRIC DEFINITIONS

<table>
<thead>
<tr>
<th>HCI</th>
<th>Health Care Interpreter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visits w/ Interpreter Needed</td>
<td>The total member dates of service (visits) for members who self-identified with interpreter needs according to OHA MMIS/834 data.</td>
</tr>
<tr>
<td>Visits w/ Int Svc Documented</td>
<td>Of the visits where an interpreter was needed, this is the count of member dates of services where an interpreter service was documented in claims data (T1013, D9990), in an interpreter vendor invoice, or in the language access reporting provided by DCOs.</td>
</tr>
<tr>
<td>% Visits w/ Int Svc Documented</td>
<td>(Visits w/Interpreter Svc Documented)/(Visits w/ Interpreter Needed)</td>
</tr>
<tr>
<td>Visits w/ Qual/Cert Interpreter</td>
<td>Of the visits where an interpreter was needed, this is the count of member dates of service where the interpreter documented was either a certified or qualified interpreter according to OHA’s interpreter registry or vendor invoice data.</td>
</tr>
<tr>
<td>% Visits w/ Qual/Cert Interpreter</td>
<td>(Visits w/Qual/Cert Interpreter)/(Visits w/Interpreter Needed)</td>
</tr>
<tr>
<td>Member Satisfaction Surveys on Interpreter Services</td>
<td>PacificSource administers telephonic member satisfaction surveys on interpreter services. One of the questions is, “Using a scale of 1 to 5 where 1 means very dissatisfied and 5 means very satisfied, how satisfied were you with your interpreter?”</td>
</tr>
</tbody>
</table>

*There are provider groups who may be providing interpreter services, but we do not have documentation in our data. We are including T1013 and D990 coded claims for interpretation as well as vendor invoices. Many provider groups may have bilingual staff who are providing interpretation but we are not receiving T1013/D9990 codes or vendor invoices for these services. This means that gaps could reflect differences in documentation/billing processes as well as actual gaps where our members did not receive interpreter services for a visit.

NOTES: Financial PMPM costs, revenues and expenses are all presented on a paid date basis, regardless of what year they were incurred.
CAC Members Present:
Brad Porterfield, Chair, Consumer Representative
Elaine Knobbs-Seasholtz, Mosaic Medical
Elizabeth Schmitt, Consumer Representative
Mandee Seeley, Consumer Representative
Miranda Hill, Klamath County Public Health
Regina Sanchez, Crook County Health Department
Stacy Shaw, Consumer Representative
Theresa Olander, Consumer Representative
Tom Kuhn, Deschutes County Health Services

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

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
Rebecca Donell, Oregon Health Authority
Tricia Wilder, PacificSource
Carolyn Black, Oregon Health Insurance Marketplace
Land Acknowledgement

- Brad Porterfield read the Land Acknowledgement (see December packet for statement). He suggested having a different CAC member read this every month and welcomes volunteers.

Introductions

- Introductions were made and Brad Porterfield welcomed all attendees.
- Brad Porterfield recognized and welcomed the new CAC Members: Stacy Shaw, Consumer Rep and Miranda Hill, Klamath County Public Health. Welcome Stacy and Miranda!

Review of Board of Directors and CAC Actions from the Combined Meeting

- Donna Mills announced the January combined meeting with the CAC and Board of Directors. It will take place on January 13th, 2022 at 1:45pm. You will receive an invitation with the Zoom link soon.
- Donna Mills also encouraged the CAC to keep the patient stories coming as the Board is very excited about the issues being brought forward that they can speak to and help remedy.

Public Comment/Patient Story

- Brad welcomed public comment or a patient story.
- No public comments at this time.
- Regina Sanchez read the patient story that was presented to the Board of Directors. The story was about WIC participants on OHP that cannot get their toddlers in to see the dentist. (See the December packet for the complete story.)
- Brad Porterfield shared that the Board had interest and concern and will follow up. He also encouraged more stories to be brought forward.
- Theresa Olander shared that she now has an advocate for her dental needs and feels like she has finally been heard. She is very grateful for the help she has gotten.

Approval of October & November Meeting Notes

- Brad Porterfield asked the CAC members in attendance to vote on approving the notes from October and November. All 9 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.

Vice-Chair Nominations

- Brad Porterfield reported that there are 3 nominees for Vice-Chair. Elizabeth Schmitt, Mandee Seeley, and Regina Sanchez.
- MaCayla Arsenault pointed out that the current requirements for Chair & Vice-Chair is that they must be receiving benefits from PacificSource Community Solutions Oregon Health Plan or be a guardian of a dependent receiving benefits. She asked the CAC if
they feel it matters that the Vice-Chair is a PacificSource member. Or do they feel like the requirements should be broadened to include Open Card or Fee for Service members.

- Kristen Tobias from PacificSource explained Open Card membership and also pointed out that past Vice-Chair members were not PacificSource members.
- Brad Porterfield took a vote to support broadening the eligibility requirement for the Vice-Chair. All 9 members who attended the meeting voted to approve.
  - **ACTION:** COHC Staff to change the wording for the requirement of the Vice-Chair.
- Brad Porterfield explained that the vote for Vice-Chair will happen at the January meeting where the 3 nominees will be asked to speak to why they want to be the CAC Vice-Chair.

### 2021 Community Health Projects Final Decision

- MaCayla Arsenault went over the process of choosing projects that the CAC members would like to invite to fill out the full application and receive the extra funds available. CAC members were asked to pick their top 3 projects prior to the meeting to start the conversation about who should move forward.
- MaCayla asked the members at the meeting to pick a project that most excites them. After much discussion the two projects that will be asked to fill out the full application are: Treehouse Therapies Associates and COCC – Connecting students in need to basic resources.
- Brad Porterfield took a vote on if the members support this decision and all 9 members in attendance voted to approve.
  - **ACTION:** MaCayla Arsenault will email the organizations and invite them to fill out the full application.

### Emerging Issues Follow Up

- Kristen Tobias and Tricia Wilder of PacificSource and Rebecca Donell from Oregon Health Authority have been having conversations with the 3 Dental Care Organizations and the State Dental Director about having a panel discussion with the CAC around periodontal issues but also other dental concerns (i.e. getting dentists to see toddlers, accessing services, care coordination, how do I get my questions answered, etc.)
- Rebecca Donell expressed that this would be an opportunity to have a really powerful conversation to identify the gaps in the system that are impacting families.
- Brad Porterfield took a 5-finger vote from the CAC members if they support the idea to coordinate a panel discussion with the Dental Care Organizations. All members agree and approve.
- Gwen Jones indicated that this conversation would take place in February or March.
Summary of Results:

- Seed to Table’s Fresh Food For All project expansion was launched in response to increased rates of food insecure individuals in Central Oregon due to many factors, including hardships of COVID-19.
- In 2020 as the pandemic hit, the area food banks had 30% more need and S2T had a higher demand for discounted produce than we could supply.
- The Fresh Food For All project allowed increased production of 12,000 pounds, totaling 62,000 pounds of produce grown and distributed to 400-500 families (1,200 individuals) weekly.
- Conversations with produce recipients indicate programming helped provide access to fresh produce, increased their health and wellness, and increased their sense of belonging throughout the community.
- Of the produce grown, 37% was distributed to community members at no cost, equaling a total of $42,534 of donated produce infused to low-income community members. Distribution points included:
  - Community Produce Share Pick Up (100 families weekly) where 30% of shares are donated to families through the Family Access Network.
  - Deschutes Public Library Biblioteca En Camino Program: (150 families)
  - Warm Springs Community Action Team (100 individuals)
  - Sisters Kiwanis Food Bank and Sisters Wellhouse Food Pantry (150 individuals)
  - Sisters Farmers Market. (142 families)

Story:

"One mother shared how much she enjoyed picking up her vegetables each week. She appreciated the help and friendliness of the Seed to Table Oregon staff, how she looked forward to new and common vegetables and she delighted in visiting with others who were picking up their vegetables. She expressed her gratitude for all that she learned about nutrition and how to prepare and feed her family healthier meals."

- Theresa Slavkosky, Family Advocate at Family Access Network, Sisters

*Order of projects is by final report submission date  
Published January 2022
RHIP Mini-Grant Final Report for La Pine Community Health Center
“Enhance Physical Health Project”
Reviewed by the Promote Enhanced Physical Health Workgroup

Summary of Results:

• The project goal was to improve the health of our low-income, at-risk patients with chronic disease management and food insecurity issues by supplementing their diets. We did this by:
  o augmenting our at-risk, low-income patient diets with fresh and frozen fruits and vegetables over a 6-month period
  o providing individualized nutrition counseling, patient self-management education, behavioral modification strategies and case management
  o measuring and tracking improved health outcomes in areas like weight loss, blood pressure reduction and improved diabetes numbers
  o reducing food insecurity (which is a significant problem in our low-income, high-poverty service area)

• The project enabled our patients to successfully improve their medical conditions through proper nutrition and by receiving support through counseling with the Registered Dietician.

• 66% of the participants reduced their blood pressure and about half reduced their A1c diabetes numbers.

• About 55% of 27 participants lost weight. Losing weight is a challenge for many patients since they are on food stamps and continue to eat high calorie, unhealthy food.

Story:

La Pine Community Health Center currently has a patient who had a BMI of 87 at the beginning of the year. This patient is a resident in the rural/frontier area. They must drive a long way to get groceries that support their weight loss and health improvement efforts. LCHC partners with a produce business closer to patient's residence. Through this program this patient has been able to continually procure fresh produce to supplement their diet. They have lost 30lbs and their BMI is now 83.

*Order of projects is by final report submission date  Published January 2022
COVID-19 Final Report for Mountain View Fellowship
“Shelter Shower & Laundry Project”

Summary of Results:

- This project has provided laundry and shower facilities to guests of the Redmond Winter Shelter.
- Grant funds were used toward the purchase of two commercial washers and dryers.
- We completed construction of a large bathroom and laundry space with additional fundraising efforts.
- Prior to this project, our unhoused shelter guests were not able to access laundry facilities or showers during the winter months.
- As of December 15, 2021, showers and laundry are functioning and usable by our unhoused guests.
- We have seen an average of 15 guests accessing showers each night during the shelter.
- Multiple loads of laundry are completed each night – bed linens from the shelter as well as personal clothing from guests.
- Church volunteers are finalizing plans, protocols and volunteer roles to make the facilities available to our unhoused community and unhoused Safe Parking participants after the conclusion of the Redmond Winter Shelter in March of 2022.

Quote:

From John Lodise, Emergency Shelter Manager for Shepherd’s House:

"We can offer one anecdote: guests who had used the shower and laundry facilities returned to the gym with some awe-struck comments about how nice the shower room was. They shared this with other guests, and then with [a volunteer] when she was driving the shuttle van. [The volunteer] responded by saying, 'You understand that the church and community built that room especially for all of you, don't you?' [The volunteer] said that they were even more awe-struck upon hearing this."

*Order of projects is by final report submission date Published January 2022
Summary of Results:

- The request was focused on purchasing essential outdoor living equipment for individuals experiencing both houselessness and active addiction.
- The provision and distribution of outdoor supplies, including tents, sleeping bags, tarps, heaters and propane vouchers was a collaborative effort between REACH and Deschutes County Health Services Syringe Exchange Program (SEP) both of which provide regular direct service to the target population.
- In addition to the distribution of supplies this collaborative effort encourage and grew positive relationships with many of our most vulnerable community members.
- This project's target population, people living unhoused and with active addiction are traditionally one of the most marginalized, stigmatized and vulnerable community members.
- The outreach model created opportunities to build relationship, meet people where they are and provide essential needs in a safe setting.
- The main benefit of the outreach effort was the prioritization of accessibility, confidentiality, compassion and care to a population that is offered reluctant to access services due to the stigmatization of substance use.
- We were able to reduce the burdens of living unhoused with active addiction, and subsequent risk of overdose by increasing the number of participants that have access to a regular supply of propane and heaters to keep warm and cook.

Quote:

“The past several years has been especially difficult with an increase in weather events, fires, impact of Covid and the increase in houselessness. Partnerships like this allow us to leverage our funds and people power. Thanks to the grant and the needed supplies we were able to meet people in the camps and on the street and build trust, this relationship building enabled us to guide people to resources in a safe caring way.”