COHC Virtual Board of Directors Meeting  
Thursday, March 10, 2022 • 12:30 pm  
Meeting registration: https://bit.ly/2Mkqvit  
Dial-in: 1 (669) 900-6833 • Meeting ID: 542 240 567 • Passcode 406760

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

GOVERNANCE
12:55–1:10 JMA 101 – Donna Mills & Tricia Wilder ………… info & discussion  
Attachment: JMA 101

LONG-TERM SYSTEMIC CHANGE
1:10–1:40 *CCO Initiatives – Rebecca Donell & Rebecca Knight-Alvarez, OHA  
How other regions have addressed the crises of the pandemic and homelessness as root causes impacting success in health care and employment—the intersection of COVID, homelessness, health disparities, and employment ……………………………… info & discussion

1:40–2:10 Value-Based Payments – Peter McGarry ………… info & discussion

2:10–2:30 Health Equity Plan – Miguel Herrada ……………………………………… info  
Attachment: PacificSource Health Equity Plan

RHA/RHIP
2:30 Adjourn

Written Reports
- Executive Director’s Report
- CCO Director Report
- CCO REALD Data
- COHC Board Hydraulics
- February 2022 CAC Minutes
- March Mini-Grant Reports

Consent Agenda
- February 2022 Board Minutes
- COHC December Financials (pre-audit)
- COHC January Financials (pre-audit)
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 February 10, 2022, 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**
- Tammy Baney, Chair
- Linda Johnson, Vice Chair
- Patti Adair
- Eric Alexander
- Gary Allen, DMD
- Paul Andrews, EdD
- Megan Haase, FNP
- Brad Porterfield
- Divya Sharma, MD
- Rick Treleaven

**Directors Absent**
- Seth Crawford
- Kelly Simmelink
- Iman Simmons
- Justin Sivill
- Dan Stevens

**Guests Present**
- MaCayla Arsenault, Central Oregon Health Council
- Rebeckah Berry, Central Oregon Health Council
- Rebecca Donell, OHA
- Gwen Jones, Central Oregon Health Council
Ms. Baney served as Chair of the meeting and Ms. Smith served as Secretary. Ms. Baney 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**
Ms. Baney welcomed all attendees to the meeting and, after inviting Mr. Alexander to share an announcement, facilitated introductions.

Mr. Alexander informed the Board that he will be retiring as president and CEO of Partners in Care on March 31. He will also be stepping down from his seat on the Board of the Central Oregon Health Council. He shared that the important work being done by the Health Council has been near to his heart and he appreciates the opportunity to carry the banner for end-of-life care. He will miss serving with the rest of the Board and has been impressed by the caliber of its talent and of Ms. Mills as leader.

**PUBLIC COMMENT**
Ms. Baney invited public comment. No public comment was offered.

**CONSENT AGENDA**
The consent agenda consisted of the January meeting minutes.

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

**ACTION ITEMS**
Two action items remain open:

- The Executive Director will create a proposal to add two new community representatives to the Board—ON HOLD pending Strategic Plan work at May Board retreat.
- 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.

**CAC Patient Story**

Ms. Johnson shared a story about a mother on the Oregon Health Plan trying to navigate the health care system. The woman had a young child who began having asthma symptoms. Once provider staff heard she was on OHP, they acted annoyed and were belittling. They said they couldn’t help until her daughter had a certain number of incidents that would prove she had asthma. She was given a nebulizer during a severe episode but they wanted to take it back unless she had a new prescription, which she was unable to get. She held on to it, but once they ran out of albuterol, they ended up back in the emergency room. The respiratory specialist on duty gave her advice about navigating the system, put in a new prescription for the nebulizer and albuterol, and phoned her doctor’s office the following morning to facilitate. The attitude when she called her provider afterward was markedly different. The daughter hasn’t had an ER visit for asthma in almost seven years because it has been well managed. The mother’s concern is for the flaws in the health care system and the people who are not able to advocate for themselves as she learned to do. She would like to see more support for our providers and staff in the form of education on health disparities.

**PacificSource Announcement**

Ms. Taylor shared the news from the PacificSource executive team that the CCO had decided to waive recapture because the ongoing pandemic has affected operations, costs, and utilization for everyone in the system. Although the numbers were not yet exact due to claims lags and provider risk arrangement calculations, the recapture for 2021 was estimated at a little over $4.1 million.

**Governance Committee Members**

Ms. Johnson explained to the Board that with Mr. Alexander and Ms. Baney, now Board chair, vacating their seats, the Governance Committee has two positions open for new members. The committee had discussed the possibility of inviting a non–Board member with expertise in governance issues and inquired whether the Board had any concerns or thoughts. None were expressed and Ms. Johnson concluded that the committee would discuss and proceed.

**RHIP Alignment Survey**

Ms. Berry shared that the RHIP alignment survey had been completed by all Board members representing organizations, with 100 percent reporting alignment with at least one RHIP priority area (ten for Behavioral Health, nine for Physical Health, seven for Address Poverty, six for Upstream Prevention, five for Substance and Alcohol Misuse, and four for Stable Housing) and 62 percent reporting alignment with at least three RHIP priority areas.

Ms. Jones provided information on organizations with workgroup participation (six had members on Physical Health, six on Substance and Alcohol Misuse, six on Upstream Prevention, five on
Address Poverty, five on Behavioral Health, and two on Stable Housing), with 85 percent having at least one participant on at least one workgroup. She explained that alignment was interpreted as both an organization’s strategic plan and its activities. In a comparison between priority area alignment and RHIP workgroup participation, they found that an organization might participate in a workgroup but not report alignment, or they might report alignment with a priority area but not participate in a workgroup. Ms. Jones concluded that the survey was intended to uncover linkages and build those connections.

In the ensuing discussion, Board members asked whether this was the right measure or could there be one more appropriate to measure alignment with our objectives; what does alignment actually mean; was there another metric to pull us toward our goals; how to operationalize what alignment means to widely divergent organizations and organizational structures; whether this showed that we were aligned as a health care community around our measures or not; and whether it would be worth doing a deeper dive into our data. Ms. Berry noted that at this time it may not be meaningful to delve deeper since the pandemic has impacted reporting from a number of sources we use for the RHIP and RHA, so a great deal of data is delayed or missing.

Mr. Treleaven asked when we would begin work on the next RHA, and Ms. Berry shared that we would start collecting qualitative data next month and would launch into the RHA at year end.

2022 CCO PERFORMANCE METRICS
Ms. Wilder revisited the metrics presented at the last meeting to respond to questions raised. The first was in regard to training and certifying interpreters and how many might actually be available to serve in Central Oregon. Ms. Wilder reported that interpreters are trained and certified across all regions and all CCOs and could also provide services from outside the region via telehealth and phone. Board members again expressed concerns about disparities in who receives services in person versus remotely. Ms. Wilder concurred that some culturally and linguistically responsive service are lost when remote but they would monitor the situation moving forward.

She also pointed out language changes in the two Operations metrics. In the first, the issue with the wording “handle in a timely manner” was replaced by “Closely monitor annual External Quality Review activities and address any Health Service Advisory Group/OHA inquiries according to compliance standards.” In the second metric, “Meet response time” was changed to “Meet resolution time of 30 days or less for 100% of appeals and grievances received.”

MOTION TO APPROVE: Mr. Andrews moved to approve the 2022 proposed performance metrics; Ms. Johnson seconded. All were in favor and the motion passed unanimously.

Q4 2021 CCO PERFORMANCE METRICS
Ms. Wilder presented highlights of the fourth quarter performance metrics, noting that all were green so there was reason to celebrate. Having met nine out of eleven QIM metrics, we were eligible
for 100 percent payout, but poor performance on two Covid metrics—emergency outcome tracking (EOT) for 12- to 15-year-olds and race and ethnicity—meant Central Oregon would receive partial payment. However, with the challenge pool metrics that were met, the payout should be somewhere between 90 and 100 percent.

One of the value-based payment (VBP) metrics is 70 percent of CCO provider payments should be in a VBP arrangement by 2024. We are currently well positioned at 59 percent. No other region has a hospital, an IPA, and CMHPs sharing risk in the same contract, which builds integration and collaboration into the process. Ms. Wilder offered to have Peter McGarry present more information on value-based payments and the Learning & Action Network (LAN) framework if the Board was interested. Ms. Donell offered to invite subject-matter experts at OHA to come in as well. The Board was interested.

**ACTION**: Ms. Wilder will arrange for Mr. McGarry to address the Board on the topic of value-based payments and coordinate with Ms. Donell as needed.

The VBP metric in maternity care developed in 2021 led to the inclusion of a hospital metric for 2022 for prenatal and postpartum care to match the OHA target (estimated at 76.7 percent) in the shared risk arrangement between St. Charles, COIPA, Mosaic, the CMHPs, and PacificSource.

The SHARE Initiative Funding of $58,000 awarded to FUSE went toward supplies and landlord engagement and retention packets provided to landlords and property management companies to increase units available to lease with housing vouchers. The landlord mitigation fund also increased to $25,000 with a RHIP workgroup investment. FUSE will provide an update to Kristen Tobias at PacificSource in the first quarter of 2022.

Under the Workforce Development Plan, PacificSource awarded fifteen Community Health Excellence (CHE) grants to contracted providers, one of which went to Mosaic Medical for expanding colorectal cancer screening through culturally and linguistically appropriate outreach.

The thirty-day hospital readmission rate had a target for 2021 of 10.5 percent and was triggered to yellow in the second quarter at 11.2 percent. It was down to 6 percent by November.

The metric for meeting or beating the CCO budget was yellow last month when the JMA shared savings was estimated as a recapture. With the recapture waived, the metric is back in the green.

**LEGISLATIVE INQUIRY**
Ms. Mills informed the Board that she had been following the legislative meetings on OLIS, the Oregon Legislative Information System, and tracking a couple of bills. She checked with PacificSource and Rick Blackwell to find out what they were tracking and whether COHC would have an opportunity for testimony. She asked Board members whether there were any specific
House or Senate bills they would appreciate another set of eyes on or having someone on the call to boost support. She invited everyone to reach out.

Commissioner Adair brought up SB 1573 proposing thinning in 25 counties to forestall wildfires and smoke pollution. Mr. Porterfield added that HB 4002 on farmworker overtime pay is a proposal that gets overridden every year and noted the injustice of the current system.

**RHIP Report**

Ms. Arsenault provided figures on the community investments for each workgroup. Overall, they have spent $3.8 million out of the five-year $12 million budget, with the breakdown as follows:

- **Address Poverty** $623,501
- **Behavioral Health** $613,242
- **Physical Health** $616,132
- **Stable Housing** $1,114,654
- **Substance and Alcohol Misuse** $184,920
- **Upstream Prevention** $649,698

As of January, the workgroups are well on their way to meeting their 2022 investment goals.

Ms. Wirth offered more detail about the workgroups’ projects. Physical Health awarded $500,000 to High Desert ESD, Mosaic Medical, Giving Plate, OSU Extension, and Jefferson County Public Health for five projects addressing their third Future State Measure—increase fruit and veggie consumption and physical activity in youth.

Stable Housing funded three projects in 2021 and are working on advocacy and education. They had received progress reports from the Regional Housing Council (addressing the housing crisis and homelessness) and FUSE (permanent supportive housing to address chronic homelessness).

Substance and Alcohol Misuse contracted with the University of Wyoming and Sunshine Consulting to assess binge drinking among 18- to 34-year-olds. They are partnering with the Physical Health workgroup on a healthy retail project and investing in peer support services.

Address Poverty invested in five initiatives to increase high school graduation rates among economically disadvantaged students. They were also investing in urgent food insecurity needs and coordinating with a regional CDC grant that deals with social determinants of health. They were reviewing an application to address barriers for ALICE families.

Behavioral Health initiated a project to develop a metric for timely access and engagement and had an open RFP to improve the behavioral health workforce in rural areas and bring workers to the region. They were finalizing an RFP about standardizing behavioral health screening between PCPs and specialty providers.

Upstream Prevention had begun a project with OHSU and OSU–Cascades to develop a regional measure of resilience and belonging, funded projects for kindergarten readiness and third-grade reading, awarded funding to build on the 2019 media campaign Ask Anything to promote planned pregnancy, and invested in an immunization quality improvement coordinator for the region.
Questions from Board members included: could grants be presented by whether they’re more service-driven or system-level change to see where our dollars are going; how are we monitoring the quarterly metrics to ensure outcomes are being achieved; how can the impacts of our investments be measured; and where are the gaps?

Ms. Mills pointed out that COHC is not the sole determinant of those metrics and with the unprecedented pressures on our health ecosystem and community, we might be making great strides but may not be seeing the results as measurable. She did note that every project has goals and metrics attached.

Ms. Johnson commented that if we are not moving a huge metric, the Board is the body with the responsibility and the authority to question what we should be doing differently since we are here to improve the health of the community.

**RECRUITMENT COMMITTEE REPORT**
Ms. Baney gave an update on the ED search, sharing that there were more than 300 applicants, which had been difficult to narrow down. But the committee had, to three candidates. Some of the committee had conducted first interviews earlier in the week, and the rest would see the candidates the following week.

**ADJOURNMENT**
There being no further business to come before the Board, the meeting was adjourned at 2:32 pm Pacific Standard Time.

Respectfully submitted,

Camille Smith, Secretary
**Central Oregon Health Council**  
**Statement of Financial Position**  
**YTD 12.2021 - Pre Audit**

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<th>ASSETS</th>
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<th>Revenue</th>
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* Community Impact Funds - Top 4 funded 2021
  - Homeless Leadership Coalition: $526,970
  - Creach Consulting: $518,450
  - FUSE: $265,405
  - COVID-19 Mini Grants (NTE $5k): $255,466
  - COIC: $200,000
  - All other: $1,334,915
  - Total: $3,100,801

**Variance is 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>May-21</th>
<th>Jun-21</th>
<th>Jul-21</th>
<th>Aug-21</th>
<th>Sep-21</th>
<th>Oct-21</th>
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March 10, 2022
### Central Oregon Health Council

#### Statement of Financial Position

**YTD 1.2022 - Pre Audit**

#### ASSETS

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#### LIABILITIES & EQUITY

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<th>Description</th>
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#### Revenue

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#### Expenses

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**Net Income**

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<th></th>
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<th>($645,538)</th>
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* Community Impact Funds - Top 4 funded 2022

- High Desert ESD: $125,000
- Jefferson County: $117,857
- Agricultural Research: $43,500
- Impact Incentive Funds: $242,200
- All other: $528,557

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

#### CCO Financials

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<th>Date</th>
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COHC Board Meeting | 10
March 10, 2022
The JMA and Governance Structure
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.
What is the JMA?

The Joint Management Agreement is the contract between PacificSource, Central Oregon’s Coordinated Care Organization (CCO), and the Central Oregon Health Council (COHC).
Community Governance Structure

The JMA lays out a groundbreaking community governance structure for providing health care in the region, which includes:

• SB 741
• Oversight
• Strategic direction
• Transparency (operational and financial)
• Collaboration
At the end of the year:

Joint Management Agreement

• CCO provides .325% for operating costs
• 1% for RHIP investments
• COHC ensures a 2% margin for the CCO

If the CCO budget has a 2% margin, what remains is distributed ...

50% to Behavioral Health
50% direct payments to COHC, providers, and CCO

If a 2% margin is not achieved ...

COHC pays a recapture to the CCO up to the 2% margin
Questions?
2022 Health Equity Plan Progress Report Process
Health Equity Plan Overview

- Community-informed 5-yr plan with annual reporting and updating
  - Based on National Culturally and Linguistically Appropriate Services Standards (CLAS)
  - Strategies designed with 5-year timeframe in mind
  - Goals, and progress measures will change as part of annual updates
2022 HEP Focus Areas

• Culturally and linguistically appropriate G&A processes

• REALD & SOGI data collection and analysis *(2022 addition)*

• Meeting Culturally and Linguistically Appropriate Services Standards *(CLAS)* operationally at PacificSource

• **Workforce** diversity

• Language access

• **Member communications** in plain language and alternative formats (e.g. multi-media, etc.)

• Organizational Health Equity **Infrastructure & Community Partnership** *(new in 2022)*
New HEP Focus Areas

Organizational Health Equity Infrastructure & Community Partnerships

Continued development of an organizational Health Equity infrastructure. Under this focus area, Contractor is able to document its efforts developing systems and processes to ensure its organizational capacity to advance health equity, such as organizational commitment to advance health equity and how Contractor is developing organizational structures to support true community partnerships.
Key Successes in 2021

Grievance & Appeals Process

• Provided training to staff and providers to ensure members could give feedback about their experience without fear of negative consequences (i.e., non-retaliation language).

• Our non-retaliation statement was also created to reinforce that we do not tolerate retaliation from us or providers.
Key Successes in 2021

Workforce Diversity

• Deployed resources in each CCO region to support the growth of diversity in the workforce pipeline.

Training & Education

• Provided foundational training and expanded learning opportunities to build cultural responsiveness and implicit bias core competencies among CCO leadership and staff.
Key Successes in 2021

Language Access

• Collected and analyzed data on member experiences with interpreter services to improve access to high quality interpretation services across healthcare settings.

Member Communication

• Created member materials that were written in plain language and delivered in multi-media formats (audio & video).
Continuing Projects from 2021

Grievance & Appeals Process

• A G&A webpage will be added to the member website which will house education and information related to the G&A process, including plain language and culturally appropriate content. Projected completion date: May 2022.

CLAS

• Next steps after the organizational CLAS Assessment, with the goal to complete two identified objectives specifically related to member education and accessibility.
Continuing Projects from 2021

Language Access

• Provider training on how to request and work with interpreters including education about ASL interpretation best practices.

Member Communication

• PCS’s member handbook in Spanish will be reviewed for cultural translation by Latinx-serving community partners.
• Improve the quality of translated documents by involving community partners who are bilingual/bicultural to review documents for clarity and relevance.
2022 HEP New Proposed Projects
Proposed New Projects in 2022

CLAS

• Explore opportunities to standardize internal processes to ensure members are receiving written materials in their preferred language.

• Align PacificSource’s Language Access Plan with Health Equity Quality Incentive Metric and any new requirements around interpretation.

Language Access

• Improve member interpreter survey to enhance accessibility and enforce non-retaliation.
Proposed New Projects in 2022

Member Communication

• Explore opportunities for including cover letters or introductory paragraphs with member letter templates to provide rationale and context for the letter in plain language.

Organizational Health Equity Infrastructure & Community Partnerships

• Strategies & Projects: TBD
  • Currently, we are awaiting OHA guidance on this focus area and will create strategies, goals, and metrics based on that guidance. In the meantime, we have met with and/or surveyed each regional CCO Team, CAC, and Health Equity Collaborative to gather input, ideas, questions, and feedback to inform and guide our work in this area.
Questions
Central Oregon Health Council  
Executive Director’s Report  
March 10, 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 variants)
- Staff recruitment committee and recruiter hire
- Begin Finance Committee/DEI conversation
- Prepare COHC staff and community for ED transition
- Community Justice team member
- Prepare for May ED assimilation (Board/CAC/staff)
- Strategic Plan update for BOD
- Prepping for CBI/HRS migration from PCS to COHC

*Coming up:*

- Offboarding
Quality Incentive Measures (QIMs)
2022 Social-Emotional Health QIM
PCS continues to work with the Health Council and early learning partners to mobilize on the new social emotional health QIM for 0-5 year olds in early 2022:

- Identifying a cross sector community advisory body to provide critical input and direction with partnership from the Health Council and Early Learning Hubs as regional experts
- PCS’ Analytics team is currently staging the Child Health Complexity Data for 0-5 year olds provided by OHA
- Formalizing the work plan presentation to external advisory body in Q2

Medicaid Redeterminations
The Centers for Medicare and Medicaid Services (CMS) allowed states to discontinue terminating the enrollment of Medicaid members due to changes to their eligibility during the Public Health Emergency (PHE). When the PHE is declared over, states will have up to four months to begin to reinstate redeterminations and 12 months to complete the eligibility determination and re-enrollment of all of those who remain eligible for Medicaid (and term the enrollment of those who are no longer eligible). The PHE will remain in effect until April 16, 2022. PacificSource is working closely with its government relations team to advocate for flexibility, protections, and information sharing to enable us to provide the most assistance we can to members who are up for redetermination in the coming months.

Healthier Oregon Program (formerly known as Cover All People)
The Healthier Oregon Program (HOP) includes coverage for adults eligible for Medicaid regardless of immigration status and is an extension of Cover All Kids to adults. The OHA will enroll individuals into HOP starting July 1, 2022 and assign to CCOs to manage the OHP benefit package.

Upcoming Provider Trainings
The Training & Facilitation Program is working on some exciting plans for 2022. We are preparing a great line-up of trainings for Spring and Fall. There are several amazing trainings available online on-demand right now and can be found here: https://PacificSource.myabsorb.com?KeyName=Training

We are also still offering providers an amazing opportunity to train all of their staff via the Quality Interactions ResCUE Model and Implicit Bias online modules. Interested providers can email: trainingopportunities@pacificsource.com
Central Oregon Coordinated Care Organization

68,455 January 2022
Avg Membership

AGE DEMOGRAPHICS
(From OHA Enrollment Files)

% of CCO Members by Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child 0-12</td>
<td>26%</td>
</tr>
<tr>
<td>Child 13-18</td>
<td>12%</td>
</tr>
<tr>
<td>Adult 19-35</td>
<td>27%</td>
</tr>
<tr>
<td>Adult 36-45</td>
<td>13%</td>
</tr>
<tr>
<td>Adult 46-55</td>
<td>10%</td>
</tr>
<tr>
<td>Adult 56-64</td>
<td>9%</td>
</tr>
<tr>
<td>Adult 65+</td>
<td>4%</td>
</tr>
</tbody>
</table>

28.9 yrs
Average Age

DISABILITY
(From REALD Data)

9.0%
of Members say they are living with a disability (of any kind)

% Members by Disability Type
(Members may select as many as apply)

<table>
<thead>
<tr>
<th>Disability Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaf</td>
<td>1.3%</td>
</tr>
<tr>
<td>Blind</td>
<td>1.5%</td>
</tr>
<tr>
<td>Difficulty with Dressing or Bathing</td>
<td>1.4%</td>
</tr>
<tr>
<td>Difficulty Walking or Climbing Stairs</td>
<td>2.8%</td>
</tr>
<tr>
<td>Difficulty with Performing Errands</td>
<td>3.0%</td>
</tr>
<tr>
<td>Issues with Memory or Decisions</td>
<td>4.5%</td>
</tr>
<tr>
<td>Limited Activity in Any Way</td>
<td>6.2%</td>
</tr>
</tbody>
</table>

PRIMARY RACE / ETHNICITY
(From REALD Data)

White                                           40.8%
Active non-response                             26.8%
Passive non-response                            23.6%
Hispanic or Latino/a                            6.1%
American Indian or Alaska Native                1.4%
Asian                                           0.6%
Black or African American                      0.5%
Native Hawaiian or Pacific Islander             0.1%
Middle Eastern/Northern African                 0.0%

A passive non-response indicates that the member left the question blank or the data has not yet been provided. An active non-response means that the member responded “decline to answer” or selected “unknown.”

Data not provided                              1.6%
Declined to Answer                              10.4%
Did not Answer                                  22.0%
Selected Unknown                               16.4%

LANGUAGE
(From REALD Data)

Interpretation Needs

2.12%
of Members Say they Need Spoken and/or Sign Language Interpretation

0.13%
Sign Language

2.08%
Spoken

Top 5 Non-English Languages:

- Spanish, 4.6%
- Other, 1.5%
- Vietnamese, 0.0%
- Chinese - Simplified, 0.0%
- Chinese - Traditional, 0.0%

READING LANGUAGE

- Spanish, 4.9%
- Other, 1.1%
- Vietnamese, 0.0%
- Cantonese, 0.0%
- Mandarin, 0.0%

SPOKEN LANGUAGE
Central Oregon Coordinated Care Organization

ENROLLMENT
(FROM OHA ENROLLMENT FILES)

68,455 January 2022
Avg Membership

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age Group</th>
<th>% of Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>Child 0-18</td>
<td>19%</td>
</tr>
<tr>
<td>Female</td>
<td>Adult 19+</td>
<td>34%</td>
</tr>
<tr>
<td>Male</td>
<td>Child 0-18</td>
<td>19%</td>
</tr>
<tr>
<td>Male</td>
<td>Adult 19+</td>
<td>28%</td>
</tr>
</tbody>
</table>

52% Female
48% Male

TERMS & DEFINITIONS

RATE GROUP TERMS:
Rate Groups - OHA groups members into various rating categories of aid. These categories of aid are also used by actuaries to set premium rates for each CCO.
ABAD - Aid to the Blind/ Aid to the Disabled
ACA - Affordable Care Act (Medicaid Expansion)
CAF Children - Children in Adoptive, Substitute, or Foster Care
CHIP - Children’s Health Insurance Programs
OAA - Old Age Assistance
PLM - Poverty Level Medical
TANF - Temporary Assistance to Needy Families
w/ & w/o Medicare - With and without Medicare Coverage/Eligibility

OTHER TERMS:
Avg Membership - Average membership. In contrast to a count of unique members covered, this reflects the average number of members covered over a period of time. Due to the nature of how members can come on/off plans in Medicaid, average membership is nearly always lower than the count of unique members with coverage during a time period.
CCO - Coordinated Care Organization
REALD - Race, Ethnicity, Language and Disability Data. This data is optional for members to provide. It is collected by OHA and sent to CCOs in member eligibility data files.
Central Oregon Health Council
Board Hydraulics

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.
CAC Members Present:
Brad Porterfield, Chair, Consumer Representative
Conor Carlsen, Consumer Representative
Elizabeth Schmitt, Consumer Representative
Ken Wilhelm, United Way of Central Oregon
Linda Johnson, Community Representative
Mandee Seeley, Consumer Representative
Mayra Benitez, Consumer Representative
Miranda Hill, Klamath County Public Health
Stacy Shaw, Consumer Representative
Theresa Olander, Consumer Representative
Tom Kuhn, Deschutes County Health Services

CAC Members Absent:
Elaine Knobbs-Seasholtz, Mosaic Medical
Natalie Chavez, Jefferson County Health
Regina Sanchez, Crook County Health Department

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

Support & Guests Present:
Kristen Tobias, PacificSource
Tricia Wilder, PacificSource
Rebecca Donell, Oregon Health Authority
Tania Curiel, Oregon Health Authority
Buffy Hurtado, PacificSource Tribal Liaison
Introductions
• Introductions were made and Brad Porterfield welcomed all attendees.
• Brad Porterfield welcomed Regina Sanchez as the new CAC Vice-Chair.

Land Acknowledgement
• Ken Wilhelm read the Land Acknowledgement (see February packet for statement).

Meeting Practices
• Brad Porterfield reviewed the Meeting Practices and how the CAC meetings are meant to be welcoming for all (see February packet).

Public Comment/Patient Story
• Brad welcomed public comment or a patient story.
  o No public comment.
• Stacy Shaw shared her story on issues she has had regarding a family members asthma.

Approval of December Meeting Notes
• Brad Porterfield asked the CAC members in attendance to vote on approving the notes from January.
• There were no objections to January Meeting Notes, so they are approved.

Announcements from Linda Johnson
• COHC Board of Directors have formed a Search Committee to find a new Executive Director of the Central Oregon Health Council when Donna Mills takes her retirement. It has been narrowed down to 2 candidates. The next steps will involve a 2nd round of interviews with the Search Committee as well as a meeting between the candidates, members of the public partners and members of CAC. Linda and the Search Committee welcome feedback from CAC and community members.
• Linda and MaCayla attended an educational session from Oregon Health Authority Transformation Initiative that focused on the Regional Health Assessment. There is a possibility of bringing these monthly meetings to the CAC members. The benefits would be that the CAC would be more informed and be able to participate in the Regional Health Assessment process.

CAC Member Small Group Breakout Session
• Part of the Meeting Practices 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.

2021 Community Health Projects Discussion & Vote
• MaCayla Arsenault led the conversation on how the CAC would like to fund the 3 Community Health Project applications for the extra $61,432.51. After much discussion the final decision on funding the projects resulted in:
  o Treehouse Therapies Associates – fully funded at $45,000
  o Lifetime Vision Care – fully funded at $7,200
  o Thrive Central Oregon – receive remaining funds of $9,232.51
Health Equity Plan: Member Facing Document Review

- Kristen Tobias explained the process of the member facing document review. She is asking for the CAC members to review 2 out of the 4 documents. Your feedback and suggestions will be submitted to the PacificSource Marketing Team who will then make updates to the documents. The two documents chosen for review are:
  - Your Health and Wellness Journey Map
  - Oregon Health Plan (OHP) Member Quick Start Guide
- Kristen will also provide Spanish versions.
  - **ACTION ITEM:** Kelley Adams to email the CAC the English and Spanish versions of the 2 documents chosen.

Review Dental Care Organization Conversation Agenda

- Gwen Jones shared the drafted agenda for the Dental Care Organization conversation that will be held on March 17th. This information was all pulled from the discussion at the January meeting.
- The question of extending the DCO conversation meeting by a half hour was discussed and CAC members agreed that would be best. The March 17th meeting will run from 12:00-2:00pm.
- There was much discussion on if the meeting should be public or private and if it should be recorded or not. Unfortunately time was running out so a follow-up email will be sent out to the CAC to provide input.
COVID-19 Final Report for High Desert Food & Farm Alliance (RHIP)
“Improving Food Access & Sovereignty in Central Oregon”
Reviewed by the Address Poverty & Enhance Self-Sufficiency Workgroup

Summary of Results:

- As part of Improving Food Access and Food Sovereignty in Central Oregon, The Warm Springs Community Action Team (WSCAT) and HDFFA collaborated to improve food security and sovereignty in the tribal community of Warm Springs.
- The WSCAT team identified gaps/barriers for residents and organizations to accessing culturally appropriate food.
- This approach was part of a larger and regional, rural food system assessment conducted by HDFFA in the areas of La Pine, Madras, and Prineville.
- We accomplished the following:
  - WSCAT conducted a food sovereignty assessment with the assistance of HDFFA.
  - WSCAT, HDFFA and Oregon Agricultural Trust (OAT) identified food production opportunities in Warm Springs and presented information about the outcomes and next steps to the tribal council.
  - HDFFA and WSCAT and other tribal members delivered Fresh Harvest Kits.
  - HDFFA conducted surveys of over 100 food pantry clients in Prineville, La Pine and Sunriver.

Quote:

“Given that this project is with Warm Springs members, we are hesitant to share their stories. From HDFFA's perspective, we are excited to partner/work in the rural communities to daylight food access issues and bring more resources.”
COVID-19 Final Report for Boys & Girls Club of Bend (RHIP)
“Triple Play: Promoting Physical and Mental Health for Youth in Poverty”
Reviewed by the Address Poverty and Promote Physical Health Workgroups

Summary of Results:

- Through fun and engaging curricula, our Triple Play program delivered health education and programming to promote physical activity and proper nutrition.
- Triple Play: Promoting Physical and Mental Health for Youth in Poverty, focused on healthy habits for the mind, body & soul and provided holistic development for our Club members living in low-income households. A dynamic wellness program to help youth create opportunities to take charge of their personal health and wellness by providing healthy tools to apply to their everyday lives.
- While targeting youth specifically at our East Bend Clubhouse, program staff were able to teach healthy habits to youth who lack support in other areas outside of Club.
- 100% of our members at our East Bend Clubhouse live in low-income housing, often surrounded by negative environmental factors and social/economic barriers, correlating to a higher risk for negative health outcomes in adulthood.
- With the structure of our programming, youth were able to gain confidence despite their socioeconomic backgrounds, by practicing healthy habits of the mind, body and soul.

Quote:

“Triple Play is my favorite program at Club! I wish we could do this program every single day.” -4th grade Club member.

This student often has a difficult time engaging in activities with other children, but Triple Play has given him a healthy outlet to develop skills for the mind, body and soul.
COVID-19 Final Report for BendNEXT
“COVID-19 Education and Mask Wearing Campaign”
Reviewed by the Promote Enhanced Physical Health Workgroup

Summary of Results:

- We launched and completed the "Welcome Back" campaign, as described in our grant application, to educate the community on how to follow OHA safety guidelines and promote mask wearing.
- For this campaign, we worked with Central Oregon Daily to produce PSAs, we created social media posts, produced collateral for businesses to educate customers and sent nine different email communications to a list of approximately 4700 unique area users.
- We also produced and distributed 4000 branded masks.
- With the support of the Redmond Chamber, we were able to reach a significant number of individuals, helping them understand how best to safely engage with "reopened" businesses, and provided businesses with valuable resources and collateral.
- Below are details and links to some of the videos and materials we produced:
  - PSA Videos:
    - https://www.youtube.com/watch?v=nTn9ORMqaAs
    - https://www.youtube.com/watch?v=h07HbzKnymE
    - https://www.youtube.com/watch?v=BhFDP5SS6as
  - Social Media: 22 social media posts created, some featured the on-air talent from CO Daily News, county commissioners, and CEOs of the region’s chambers of commerce.
  - The Welcome Back Toolkit, including display materials and health guidance: https://docs.google.com/spreadsheets/d/16_7ElHmiNjzxxuKHriVLIPadXDaqMMgb3G2UJ0zSNE8/edit#gid=0

Quote:

“We received a number of thanks and comments from business owners, medical professionals and others. A nurse thanked us for encouraging proper hand washing. Other businesses thanked us for supplying masks.”
COVID-19 Final Report for Central Oregon Pediatric Associates (COPA)

“PPE Respirators for COVID clinics”

Summary of Results:

- COPA secured reusable and disposable PPE to stay open and see children with respiratory symptoms rather than diverting these visits to the Emergency Department.

- From July 1, 2020, through December 31, 2021, COPA provided >14,900 respiratory visits to children and families across Central Oregon.

- COPA secured enough reusable and disposable PPE to remain open to serve sick children throughout the entire timeframe of the grant.
Summary of Results:

- With support from COHC, we engaged consultants to conduct an organizational assessment, build infrastructure, increase staff capacity, strengthen partnerships, increase veteran engagement, and prepare for hiring of a veteran peer coordinator.
- From April-July 2021, COVR worked with consultants to conduct an organizational assessment and develop a capacity building plan.
- The plan calls for an increase from 5 staff (3.12 FTE) in March of 2021, to 7 staff (6.7 FTE) by the end of 2022.
- New positions hired, thanks in part to this grant, include an Operations & Program Manager and Outreach & Education Coordinator; both are making a huge impact on our services.
- An adjustment was made to our original hiring plan due to our relationship with OHA and the opportunity to secure a contract to hire a Peer Support Specialist in early 2022 (which will be matched by COHC).
- The Outreach & Education Coordinator position (now on staff) meets the original objectives of the Veteran Peer Coordinator.

Story:

A Marine Iraq combat veteran came to COVR for the first time in the Fall of 2020. He had dropped out of college and VA care and was "drifting." He was in a tenuous relationship and his future was uncertain. His first experience was volunteering to help with a seasonal clear out of our Victory Gardens: "I had no idea you guys existed. Now that I do, I'm going to be here every week." He began coming out weekly to volunteer and get training in the COVR hydroponics greenhouse, on the farm property, and soon after joined the Iraq and Afghanistan Veteran Peer Support Group. During the past year, this veteran has gotten certified and hired by Deschutes Co. as a veteran peer support specialist, got engaged, and is expecting a child.