



**Provider Engagement Panel**  
**November 10, 2021 • 7:00–8:00 am**

Virtual Dial-In: Zoom

Join by computer: <https://zoom.us/j/630619272>

Join by phone: 1-669-900-6833

ID: 630619272# • Passcode: 775506

- 7:00–7:05**      **Introductions – Divya Sharma**
  - Approve Consent Agenda
- 7:05–7:20**      **QHOC Report – Alison Little**  
Attachment: October QHOC Minutes
- 7:20–7:30**      **Quarterly Care Coordination – Sarah Holloway**
- 7:30–7:45**      **AiC Update – Christina Lee**  
Attachment
- 7:45–7:55**      **Vaccine Update – Rob Ross**
- 7:55–8:00**      **Wrap-up – Divya Sharma**

**Consent Agenda**

October Minutes

**Written Reports**

November Final Mini-Grant Reports



**MINUTES OF A MEETING OF  
THE PROVIDER ENGAGEMENT PANEL OF  
CENTRAL OREGON HEALTH COUNCIL**

**Held Virtually Via Zoom**

**October 13, 2021**

A meeting of the Provider Engagement Panel (the **“PEP”**) of Central Oregon Health Council, an Oregon public benefit corporation (the **“Corporation”**), was held at 7:00 a.m. Pacific Standard Time on October 13, 2021, virtually via Zoom. Notice of the meeting had been sent to all members of the Panel in accordance with the Corporation’s bylaws.

**Members Present**

Gary Allen, DMD  
Logan Clausen, MD  
Matt Clausen, MD  
Emily Harvey, MD  
Jessica LeBlanc, MD  
Alison Little, MD  
Sharity Ludwig  
Jessica Morgan, MD  
Robert Ross, MD

**Members Absent**

Carey Allen, MD  
Divya Sharma, MD, Chair

**Guests Present**

Andrea Ketelhut, PacificSource  
Donna Mills, Central Oregon Health Council  
Gwen Jones, Central Oregon Health Council  
Tricia Wilder, PacificSource  
Ashley Zeigler, COIPA

Ms. Mills served as Chair of the meeting. Ms. Mills 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. Mills welcomed all attendees to the meeting and facilitated introductions.

## **CONSENT AGENDA**

Ms. Mills asked for a motion to approve the consent agenda.

MOTION TO APPROVE: Dr. Allen motioned to approve the consent agenda; Dr. Ross seconded. All were in favor, and the motion passed unanimously.

## **QHOC REPORT**

Dr. Little presented a report from the OHA Quality and Health Outcomes Committee meeting held on September 13. She pointed out that the EOT metric is using MMIS claims data, although ALERT is being cross-checked, and there has been no talk about the metric continuing on in 2022. Because of COVID, the requirement to submit paperwork for out-of-hospital births has been extended to before 38 weeks. Family Connects, the newborn home visiting service that was passed in 2019 as Senate Bill 526, is currently a Medicaid carve-out and OHA is working to determine how to integrate it with the CCO benefit package. An update from the Health Evidence Review Commission (HERC) August meeting included the decision again not to include Cologuard in preventative services; revised PET scan guidelines including the controversial Aduhelm treatment and limited coverage for breast cancer; and updated preventative services guidelines to allow colorectal screening at age 45, among other items. The Genetic Advisory Panel met on September 29 and are looking at expanded carrier screening and whole genome sequencing. The Oral Health Advisory Panel met on October 6 and are considering broadening orthodontia coverage. Dr. Allen noted that there are concerns among the DCOs about establishing infrastructure to implement the orthodontia coverage and it would be discussed at the November HERC meeting. The Behavioral Health Advisory Panel would be meeting on October 18. The Evidence Based Guidelines Subcommittee discussed expanding high-frequency chest oscillation devices to

bronchiectasis and some specific neuromuscular diseases in children. They also heard the initial evidence review on PANS and PANDAS, which was somewhat contentious. Intensive In-home Behavioral Health Treatment (IIBHT), whose January launch was delayed due to COVID, now has 27 certified providers and data on 34 youth who have utilized the service.

### **QUALITY POOL FUNDS Q1 2020**

Andrea Ketelhut discussed the quality pool funds from the first quarter of 2020 that the COHC Finance Committee approves for the PEP to oversee. At this time last year, Q3 and Q4 funds amounting to around \$367,000 were allocated for quality and population health efforts, among them a diabetes prevention program, ECHO membership, toothbrush kits for Central Oregon youth, teledentistry equipment for Central Oregon, well-child visit postcard reminders, and fit kit and A1c testing kit deployments, plus health care interpreter, peer support services, peer wellness specialist, community health worker, and doula trainings. Some of the money went back to providers, who invested it in vaccine awareness through Deschutes County Public Health. The Q1 funds now available amount to about \$150,000, and Ms. Ketelhut proposed five initiatives, four of them for the Confederated Tribes of Warm Springs: Victims of Crime Support, the Early Childhood Education Center's Community Immersion Program for Children, and support for the homeless shelter and the senior center. The fifth suggestion was renewal of the ECHO membership, which was \$35,000 last year. The hope would be that the funding could cover all five initiatives, although costs must be ascertained. Ms. Mills noted that she and Ms. Ketelhut would report back with more detail.

**MOTION TO APPROVE:** Dr. Ross made a motion to approve the five initiatives; Dr. Allen seconded. All were in favor, and the motion passed unanimously.

### **COHC DEI COMMITMENT STATEMENT**

Ms. Jones read a draft commitment statement based on the work of COHC's Central Oregon Diversity, Equity, and Inclusion Committee (CODEI) and noted that the RHIP workgroups have already reviewed it. The project managers are taking it to all of the COHC committees and will present it to the Board in November. She asked members to review the draft in the meeting packet and provide feedback through a brief survey that would follow by email.

## **VACCINE UPDATE**

Dr. Ross gave an update on vaccine efforts in the region. He shared that the immunizations subgroup had funded a public health bridge position for all three counties to work with PacificSource and others to ramp up development of the lists of unvaccinated kids under the age of two and expand into the preadolescent range. The groups still has some unspent funds so they created an RFP to fund a position for three years to continue those efforts. They have had no responses yet so the date has been extended.

## **ADJOURNMENT**

There being no further business to come before the PEP, the meeting was adjourned at 7:39 am Pacific Standard Time.

Respectfully submitted,

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Camille Smith, Secretary

OHA Quality and Health Outcomes Committee (QHOC)  
**10/11/2021**  
Zoom Conference ID: 161-915-4708  
Passcode: 225324  
Phone: 1-669-254-5252

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

**Clinical Director Workgroup**

10:00 a.m. – 12:00

Topics	Summary of Discussion/Impacted Departments	Materials/ Action Items
<b>Welcome/ Introductions/ Updates</b>	<p><b>Presenter: Holly Joe Hodges</b></p> <ul style="list-style-type: none"> <li>• See attendee list</li> <li>• No HERC meeting minutes to review.</li> <li>• Pediatric COVID vaccines for clinics: <ul style="list-style-type: none"> <li>○ First session is October 14th. (Six sessions total.)</li> <li>○ Space is limited to the first 500 participants.</li> </ul> </li> <li>• Oregon recognized its first Indigenous People's Day on October 11<sup>th</sup>.</li> </ul>	TC TA handout
<b>COVID-19 Update</b>	<p><b>Presenter: Dawn Mautner, Rex Larsen</b></p> <ul style="list-style-type: none"> <li>• OHA/CRRU office hours for Q&amp;A begins 11/4/21. <ul style="list-style-type: none"> <li>○ Goals are to provide updates to the community, provide feedback and have an open forum for dialogue.</li> </ul> </li> <li>• Monoclonal: <ul style="list-style-type: none"> <li>○ Federal government is preventing stock piling by providers through weekly reporting of use.</li> <li>○ Priority is being given FQHC's and Tribal Clinics.</li> <li>○ Equitable allocation/distribution using COVID 19 vulnerability index.</li> <li>○ Utilization data and demographic data will be reviewed when considering future methodology.</li> </ul> </li> <li>• OHA is putting together a referral site to help community clinics with ordering challenges.</li> </ul>	Pgs. 3-4
<b>HERC Update</b>	<p><b>Presenter: Ariel Smits</b></p> <ul style="list-style-type: none"> <li>• COVID coding updates: <ul style="list-style-type: none"> <li>○ CDT codes for dentists</li> <li>○ Pfizer and Moderna codes for booster shots.</li> <li>○ Pfizer pediatric dose 1 and dose 2.</li> </ul> </li> <li>• Genetic Advisory Panel (GAP) Highlights: <ul style="list-style-type: none"> <li>○ Prenatal testing- recommends adding coverage for expanded carrier screening.</li> <li>○ Whole genome sequence testing for children less than 1 year old.</li> </ul> </li> <li>• Oral Health Advisory Panel (OHAP) Highlights: <ul style="list-style-type: none"> <li>○ See codes in meeting materials</li> <li>○ Added coverage for porcelain/ceramic crowns.</li> <li>○ Expanding orthodontia with severe over or under bite.</li> <li>○ Potential need for craniofacial surgery.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>○ Non-dentists performing dental screenings is not covered.</li> <li>• VBBS/HERC: <ul style="list-style-type: none"> <li>○ Added coverage for fall prevention for 65 and older-group exercises.</li> <li>○ Wireless endoscopy is not covered.</li> <li>○ CGM is still limited to Type 1 diabetes.</li> <li>○ No coverage for cranial electrical stimulation, minimal invasive surgery for spinal conditions, and neurectomy for wrist arthritis.</li> <li>○ Vitiligo has been added to covered line for UVB and meds.</li> <li>○ No coverage for acute interventional treatments for acute and chronic pain.</li> </ul> </li> <li>• BHAP Highlights: <ul style="list-style-type: none"> <li>○ 2022 CPT codes for behavioral health care</li> <li>○ Adding nightmare disorder to PTSD line.</li> <li>○ Adjustment disorder line update</li> <li>○ Screening for ACES</li> <li>○ SUD waiver HCPCS codes</li> <li>○ Selective mutism.</li> </ul> </li> <li>• November VBBS/HERC agenda items: <ul style="list-style-type: none"> <li>○ 2022 CPT and HCPCS code placements</li> <li>○ Radiofrequency ablation and cryotherapy for select renal cell cancers.</li> <li>○ Pelvic congestion syndrome – not covered.</li> <li>○ Proposal to add cyanoacrylate vein ablation</li> </ul> </li> <li>• EBGs: <ul style="list-style-type: none"> <li>○ Next meeting is on December 2<sup>nd</sup>.</li> <li>○ Taking public comment on chest wall oscillation devices for cystic fibrosis, COPD, and chronic lung infections with failed treatment</li> </ul> </li> <li>• Committee questions/comments: <ul style="list-style-type: none"> <li>○ Holly Jo- requested additional comment on slide 8. Pediatric doses for COVID will be third of the dose. Booster will be half size. Keep on radar for opening before January 1.</li> </ul> </li> </ul>	
<b>Update on state data sharing transfer</b>	<ul style="list-style-type: none"> <li>• Date use agreements are in place. Waiting on software platform connection through a vendor. OHA was part of the pilot and asking for an ETA from the vendor.</li> </ul>	
<b>Vaccination Learning Collaborative</b>	<p><b>Presenters: Dawn Mautner, Jessica Kendall, Hannah Earl, Toni Germann, Kate Lonborg, Dave Inbody, Jordon Wiley, Kassie Clarke, Gladys Rivera</b></p> <ul style="list-style-type: none"> <li>• COVID-19 vaccination introduction and overview: <ul style="list-style-type: none"> <li>○ What are CCOs hearing from community and providers? Barriers and misinformation?</li> <li>○ Providing funding awareness for COVID vaccine events to CCOs.</li> </ul> </li> <li>• CCO COVID Vaccination Rates: <ul style="list-style-type: none"> <li>○ Vaccination rate is trending above 50%.</li> <li>○ Urban areas have a higher percentage of vaccination rates.</li> </ul> </li> </ul>	Pgs. 24-40 Pgs. 41-46 Pgs. 47-52

	<ul style="list-style-type: none"> <li>○ 65+ have a vaccination rate above 70%</li> <li>○ Asian American vaccination rate is trending above 60% compared to White demographic group ~40%.</li> <li>• Bonus payments and the Emergency Outcome Metric: <ul style="list-style-type: none"> <li>○ Metric: Denominator comes from MMIS; Numerator is from Alert Immunization System</li> <li>○ Two incentive components: <ul style="list-style-type: none"> <li>▪ Component 1: Ages 16+</li> <li>▪ Component 2: Ages 12-15</li> </ul> </li> <li>○ Ages 16 and older: (90% of bonus) <ul style="list-style-type: none"> <li>▪ Must meet overall improvement target <b>and</b> have at least 42% vaccination rate for all groups with at least 50 members.</li> <li>▪ Eligible for full payment by meeting improvement target for all groups.</li> <li>▪ Eligible for partial payment by meeting target for some groups.</li> </ul> </li> <li>○ Ages 12-15: (10% of bonus) <ul style="list-style-type: none"> <li>▪ CCOs must meet 42% benchmark to receive full payment.</li> </ul> </li> </ul> </li> <li>• Community Wide Efforts, VOTE program: <ul style="list-style-type: none"> <li>○ Vaccine Operation Team Equity (VOTE).</li> <li>○ Team works closely with 158 community partners, planning 60 vaccine events, and has completed 278 events.</li> <li>○ Provide funds to community partners to support vaccine opportunities.</li> <li>○ Partners can access up to \$300k to cover all event expenses.</li> <li>○ Provide food boxes, interpreters, and testing.</li> <li>○ Contact <a href="mailto:community.events@dhosa.state.or.us">community.events@dhosa.state.or.us</a> with questions or interests in partnering to hold community events.</li> </ul> </li> <li>• Neighborhood Based Outreach (NBO): <ul style="list-style-type: none"> <li>○ Multnomah, Washington, Marion, Clackamas county gathered common responses for not getting vaccinated. <ul style="list-style-type: none"> <li>▪ Most common response to not getting vaccinated was “personal decisions.”</li> <li>▪ Other responses included “don’t have time” and “not available locally.”</li> </ul> </li> <li>○ Current efforts: 47,000 door knocks, and 14,000 conversations.</li> <li>○ Offering pledge cards for those open to follow up. Approximately 89% reported receiving the vaccine since initial conversation with NBO.</li> </ul> </li> <li>• COVID Response &amp; Recovery Unit (CRRU): <ul style="list-style-type: none"> <li>○ Coordinates testing events statewide.</li> <li>○ Using an equity strategy to choose locations that have a high frequency of BIPOC populations.</li> <li>○ Funding through FEMA for “mobile missions”</li> <li>○ Since March, nearly 1000 vaccine events resulting in providing 60,000 doses.</li> <li>○ Worked with partners to have events at Latinx Markets</li> </ul> </li> </ul>	
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	<p>in Medford event and collaborated with CCO AllCare CCO.</p> <ul style="list-style-type: none"> <li>○ Vaccine hesitancy remains the biggest challenge.</li> <li>• Primary Care Models of Vaccination: <ul style="list-style-type: none"> <li>○ Family Health Association of Eastern OR <ul style="list-style-type: none"> <li>▪ Community Priority- focusing on all people, and not just their patients.</li> <li>▪ Supported and hosted mass community vaccination events at schools, county fair, etc.</li> <li>▪ Utilized social media, flyers, and word of mouth.</li> <li>▪ Helped direct people to appropriate locations.</li> <li>▪ Biggest barrier reported: Patients did not know where to go or how to get scheduled.</li> <li>▪ Created a “COVID Coordinator” role to oversee all COVID needs.</li> <li>▪ Applied and received FEMA funding, with help from OHA.</li> </ul> </li> </ul> </li> <li>• Yakama Valley Farm Workers: <ul style="list-style-type: none"> <li>○ Salud and Pacific Pediatric Clinic (FQHC)</li> <li>○ High population of Latinx</li> <li>○ Barriers: supply, staffing turn-over, cases and testing needs, changes in the recommendations.</li> </ul> </li> <li>• Targeted outreach: <ul style="list-style-type: none"> <li>○ Phone calls, MyChart outreach, government, OHA website for posting events, social media, and radio programs...</li> <li>○ Collaboration with schools, health systems, CBO’s, public health, town halls, school-board meetings, and farm worker alliance.</li> <li>○ Promotional tools and messaging campaigns.</li> <li>○ FEMA event targeted for high school and ages 12 and up. <ul style="list-style-type: none"> <li>▪ Billboards, mailers</li> <li>▪ Removed barriers: bilingual staff, holding events a familiar locations, and providing vaccine choice (supplied all three options)</li> <li>▪ They would like to bring the vaccine to more locations</li> </ul> </li> </ul> </li> <li>• One Community Health: (Columbia Gorge) <ul style="list-style-type: none"> <li>○ Intentional roll-out to ensure equitable distribution</li> <li>○ Majority of vaccinations have been given to Latinx population.</li> <li>○ Provided approximately 20,000 doses</li> <li>○ Relied on community partners, door to door outreach, and onsite locations in farms and packing sites.</li> <li>○ Went to shelters to provide education, masks, food, testing.</li> <li>○ Focusing on one consistent message with vaccine education materials campaign.</li> <li>○ What’s next: working with schools to prepare for child guidelines and mobile clinics.</li> </ul> </li> <li>• Participant comments/questions:</li> </ul>	
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	<ul style="list-style-type: none"> <li>○ Lisa will update the slides with those presentations not included. Lisa will package resources included in the chat and will make it available on the QHOC website.</li> <li>• Funds are available. CCOs should encourage organizations interested in hosting events to apply for funding.</li> </ul>	
<b>Items from the floor</b>	n/a	

<b>Quality and Performance Improvement Session</b> 1:00 p.m. – 3:00 p.m.		
<b>QPI Intro/updates</b>	<p><b>Presenter: Lisa Bui</b></p> <ul style="list-style-type: none"> <li>• Statewide PIP: Behavioral Health Access <ul style="list-style-type: none"> <li>○ OHA updated the PIP design to adjust for a 45 day gap in continuous enrollment. (It was 30 days prior to the change.)</li> <li>○ The design document has been updated since it was released at August's QHOC.</li> <li>○ Updates will be emailed to quality leads.</li> <li>○ If CCO's want to resubmit their drafts for the PIP, it needs to go the CCO deliverable box, not HSAG.</li> </ul> </li> <li>• TQS updates: <ul style="list-style-type: none"> <li>○ Access webinar will be held on 10/14/2021.</li> <li>○ Special Health Care Needs will be on 10/28/2021.</li> <li>○ The Global updates webinar recording is now available on OHA's website.</li> </ul> </li> <li>• November QPI Agenda: <ul style="list-style-type: none"> <li>○ November Learning Collaborative will focus on THW utilization.</li> <li>○ QPI session will discuss complaints and grievances template.</li> <li>○ SUD PIP waiver</li> </ul> </li> <li>• Question to audience about future REAL+D discussion: <ul style="list-style-type: none"> <li>○ Data comes from MMIS and enrollment process.</li> <li>○ TBD at next QHOC.</li> </ul> </li> </ul>	n/a
<b>TQS Open discussion</b>	<ul style="list-style-type: none"> <li>• OHA split the Special Health Care Needs (SHCN) Component into two unique components: <ul style="list-style-type: none"> <li>○ SHCN: Full Benefit dual eligible</li> <li>○ SCHN: Non-dual Medicaid Population</li> </ul> </li> <li>• Discussion Topic: How does the annual QAPI evaluation inform TQS? How are projects developed? <ul style="list-style-type: none"> <li>○ Allcare: Look at areas where they are not meeting goals and map out potential projects.</li> <li>○ HealthShare: Aligning TQS with other deliverables (PIPS, incentive measures, Community Health Plans.)</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>○ Advanced Health: Review DSN report and Health Equity plan for alignment.</li> <li>○ Yamhill: Try to tie reporting together with other quality deliverables and work (QIM and CHIP.)</li> <li>○ Use TQS as the vehicle for the Quality work plan.</li> <li>○ IHN: Use and review QM evaluation.</li> <li>● Discussion Topic: What are some difficult components and other project struggles? <ul style="list-style-type: none"> <li>○ Urban/rural difficulties</li> <li>○ Telehealth considerations</li> <li>○ Access</li> <li>○ PCPCH</li> </ul> </li> <li>● Access Component Discussion: <ul style="list-style-type: none"> <li>○ Monitoring activities/evaluating wait times. Using tableau to map out provider assignment.</li> <li>○ Difficulty meeting physical distance within time/distance standards.</li> <li>○ HealthShare- Use geo-mapping and monitor wait times.</li> <li>○ Yamhill- Average distance is by assigned PCP. Identify race-based disparities and working on reducing inequities to see if it improves engagement. <ul style="list-style-type: none"> <li>▪ Pilot project for groups who are unengaged.</li> </ul> </li> <li>○ Umpqua- Focused on dental access and connecting with DCOs to open a clinic at PCP office for preventative dental care.</li> <li>○ Allcare- Focused on increasing access to in-person interpreter services, and offered an in-house training program for interpreters.</li> <li>○ HealthShare – Working on increasing initiation and engagement, and aligning TQS projects and quality initiatives.</li> </ul> </li> <li>● PCPCH Component Discussion: <ul style="list-style-type: none"> <li>○ Struggles to enhance clinics and increase tier level.</li> <li>○ Yamhill- Initially did not think the project could just talk about providing TA.</li> <li>○ Advanced Health- Their PCPCH project focused on both offering TA to providers in addition to having a VB program.</li> <li>○ Do CCO's look at specific PCPCH standards? How does the TQS project tie into standard(s)? <ul style="list-style-type: none"> <li>▪ Advanced Health- Offers Learning collaborative for BH integration.</li> </ul> </li> <li>○ UHA- Has a process in place to do a clinic assessment(s), then shares them with the clinic.</li> </ul> </li> </ul>	
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	<ul style="list-style-type: none"> <li>▪ Does UHA use coaches? They use an adapted excel for the assessment and explain the standards to the clinics.</li> <li>• TQS Development Process Discussion? <ul style="list-style-type: none"> <li>○ Many CCO's coordinate technical pieces as there are multiple authors completing each template. <ul style="list-style-type: none"> <li>▪ Allcare: Has an overview training. Submit projects early and provide enough time for feedback/review. One person combines all projects into a final document. Check-ins are done around the year for accountability.</li> <li>▪ PCS- Similar process as other CCO's. We are also working on a new internal SME's peer review process.</li> <li>▪ HealthShare- Do a review against project criteria.</li> <li>▪ EOCCO- Has a kick-off meeting.</li> </ul> </li> </ul> </li> <li>• Utilization Review and MEPP alignment: <ul style="list-style-type: none"> <li>○ MEPP Guidance is not released until December. Can you use just use one MEPP project to align with TQS? <ul style="list-style-type: none"> <li>▪ OHA: Need to review answer with Actuarial team. Will try to answer during the UM Review webinar.</li> </ul> </li> </ul> </li> <li>• The TQS Components aligns to existing quality requirements from federal CFR's. Components are things that CCO's must do per CFR or the 1115 Transformation waiver.</li> </ul>	
<b>Items from the floor</b>	<ul style="list-style-type: none"> <li>• At the November QHOC, there will be a discussion to determine if QHOC should be held in December or not.</li> </ul>	
<b>Adjourn</b>		

Everyone is welcome to the meetings. For questions about accessibility or to request an accommodation, please call 971-304-6236 or write [OHA.qualityquestions@dhsosha.state.or.us](mailto:OHA.qualityquestions@dhsosha.state.or.us). Requests should be made at least 48 hours prior to the event. Documents can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request a document in another format or language, please call 971-304-6236 or write [OHA.qualityquestions@dhsosha.state.or.us](mailto:OHA.qualityquestions@dhsosha.state.or.us).

# Advancing Integrated Care Update

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**Provider Engagement Panel**  
**November 10, 2021**



# AiC Background

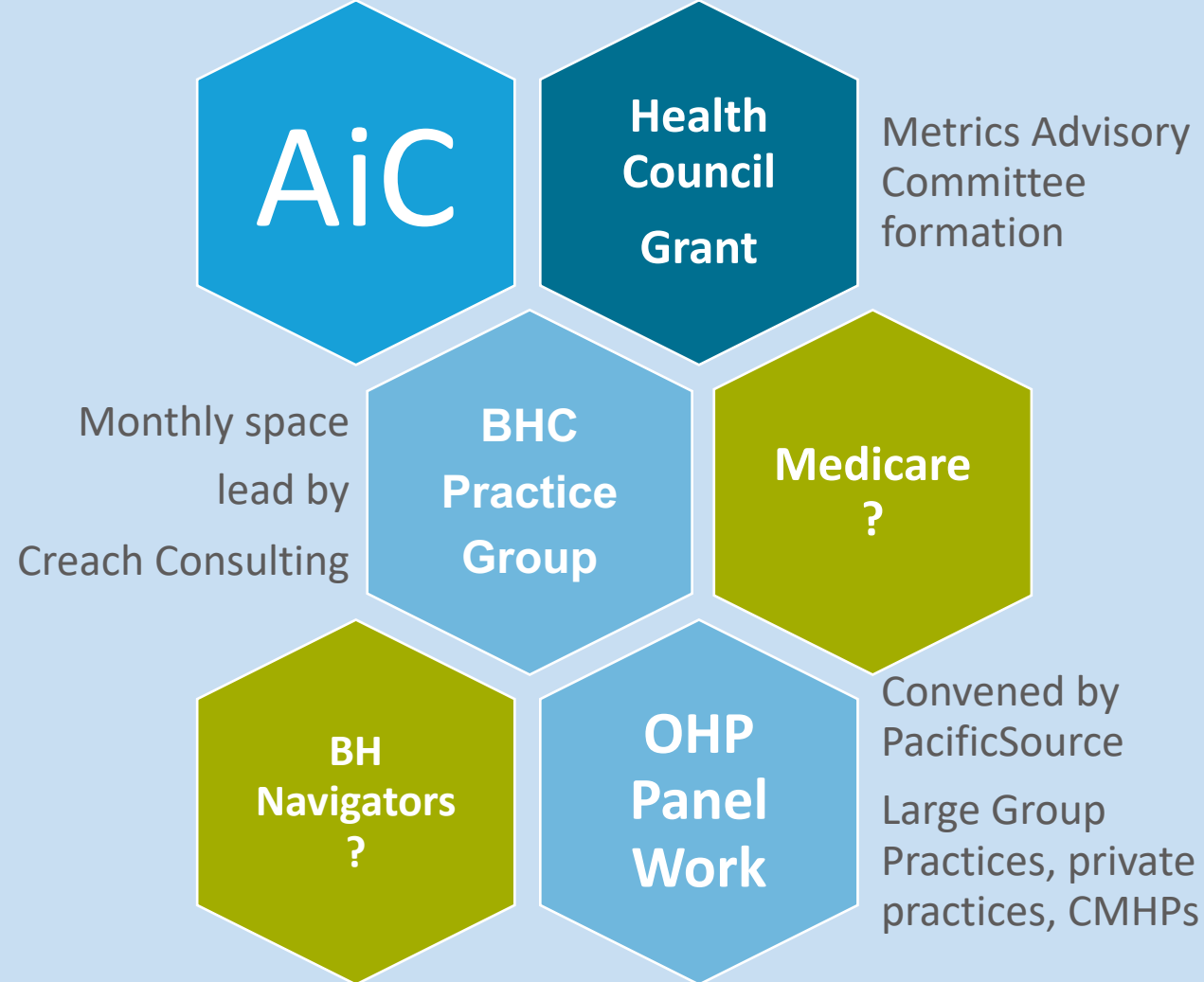
- 2018-2020 project grant-funded by the Central Oregon Health Council
- Overall goal of improving all aspects of behavioral health care in primary care settings
- After grant ended, the work transitioned to PacificSource



# AiC Highlights

## August - October 2021

- Group emphasized ongoing desire to connect consistently
- Medicare work doesn't live with this group
- Round Robin about staffing, vaccine mandate, produced effective networking
- Dawn Creach presented on new grant
- BestCare Community Engagement Team presented
- Crook County's Youth and Family Team presented
- PacificSource no longer facilitating AiC Workgroup



## AiC, 2022 and Beyond





# Thank you for your input!

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## RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

### COVID-19 Final Report for The 1017 Project (RHIP)

#### “Beef for Food Banks”

Reviewed by the Address Poverty and Enhance Self-Sufficiency Workgroup

#### Summary of Results:

- By providing high quality beef to the approximately 17% of people living in poverty in Deschutes, Crook & Jefferson counties, The 1017 Project directly addresses the basic need for protein that greatly reduces an individual's risk for disease or pre-mature death.
- A total of 19,828 lbs. of fresh ground beef was donated by The 1017 Project to food banks and community kitchens throughout Central Oregon between 4/1/21 and 9/30/21.
- This equates to 79,312 protein servings.
- The 1017 Project donated 57 cattle directly to food banks, shelters, and pantries in Central Oregon between April - September 2021.

#### Quote:

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

Holly McLane, Outreach Director, The 1017 Project

## RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

### RHIP Mini-Grant Final Report for Children's Forest of Central Oregon

#### "Jugamos Afuera Summer Program"

Reviewed by the Promote Enhanced Physical Health Workgroup



#### Summary of Results:

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

#### Quote:

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

**COVID-19 Final Report for Redemption House Ministries**  
**“Homeless Services”**

**Summary of Results:**

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

**Quote:**

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

## RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

### COVID-19 Final Report for La Pine Community Health Center “The Personal Protective Equipment Project - Masks”

#### Summary of Results:

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

#### Quote:

"We've been able to provide masks for the patients and visitors in our service area, so they remain safe at our clinic."

Erin Trapp, RN - Director of Nursing



## RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

### COVID-19 Final Report for NeighborImpact (RHIP)

#### “Emergency Food Box Storage”

Reviewed by the Address Poverty and Enhance Self-Sufficiency Workgroup

#### Summary of Results:

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



#### Quote:

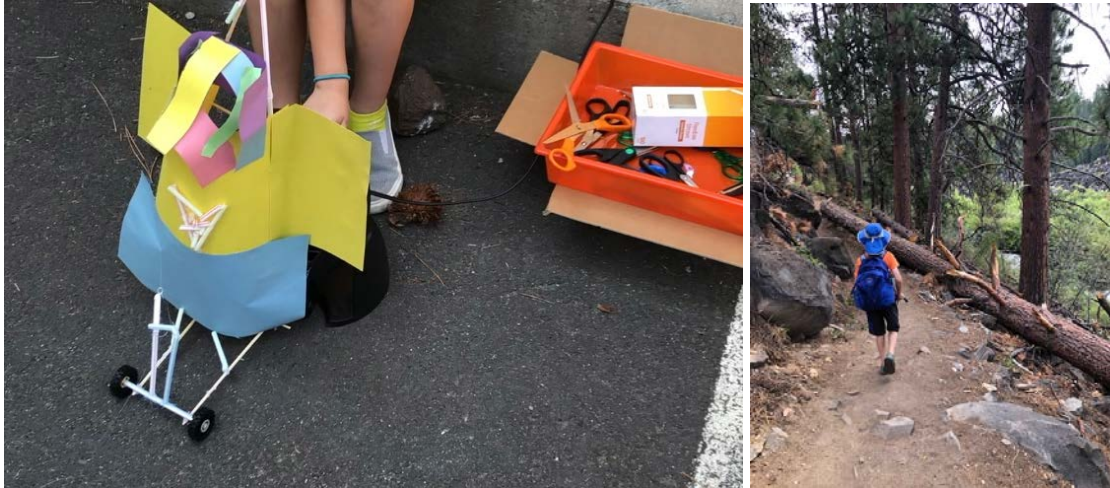
As quoted from one of our Head Start families that received a Farm to Family Food Box, "Had to share! Evelyn was excited about the recipe in box today, she made it for lunch! Spaghetti squash spaghetti! We added onions, celery and tomatoes for the sauce. She had a lot of fun picking veggies and using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

## RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

### RHIP Mini-Grant Final Report for Samara Learning Center

#### “Samara Learning Center (SLC) Summer Achievement Camp”

Reviewed by the Address Poverty and Enhance Self-Sufficiency Workgroup



#### Summary of Results:

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

#### Quote:

"Can my sister come next year?" The inconvenience of commuting from Redmond to Bend was worth the opportunities for this soon-to-be 8th-grade student to feel successful and welcomed. He plans to come back to next year's Summer Achievement Camp as a junior counselor, wants his mom to enroll his younger sister, and has started attending our tutoring program under a scholarship available by another COHC grant.

**COVID-19 Final Report for Friendometry****“Reducing the Impact of Childhood Loneliness in Central Oregon During COVID”****Summary of Results:**

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

**Story:**

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



## RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

### COVID-19 Final Report for Central Oregon Locavore

#### “Farm Kids On-Farm Experiential Educational Series”

Reviewed by the Address Poverty and Enhance Physical Health Workgroups

#### Summary of Results:

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

#### Quote:

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