

Council Members

- Brad Porterfield, Chair,
Consumer Representative
Latino Community
Association
- Elizabeth Schmitt, Vice-Chair
Consumer Representative
- Mayra Benitez
Consumer Representative
- Conor Carlsen
Consumer Representative
- Natalie Chavez
Jefferson County Health
Department
- Miranda Hill
Klamath County
Representative
- Linda Johnson
Community Representative
- Elaine Knobbs-Seasholtz
Mosaic Medical
- Tom Kuhn
Deschutes County Health
Services
- Theresa Olander
Consumer Representative
- Mandee Seeley
Consumer Representative
- Stacy Shaw
Consumer Representative
- Ken Wilhelm
United Way of Deschutes Co.



June 16, 2022

VIRTUAL

Video Conference Link In Calendar Invite

Conference Line: 1.669.900.6833

Meeting ID: 852 966 546#

Passcode: 400494#

- | | |
|--------------------|---|
| 12:00-12:20 | Welcome – Brad Porterfield (CAC) <ul style="list-style-type: none">• Land Acknowledgement• Meeting Practices• Introductions• Announcements• Public Comment• Approval of Meeting Notes – May |
| 12:20-12:30 | CAC Members Small Group Breakout Session |
| 12:30-1:00 | Community Health Projects – MaCayla Arsenault (COHC) |
| 1:00-1:15 | Healthier Oregon – Oregon Health Plan – Rebecca Donell (OHA) |
| 1:15-1:30 | Regional Health Improvement Plan (RHIP) Progress Report Review – Rebeckah Berry (COHC) |

Five Finger Voting:

0: No go! Serious concerns

1: Serious reservations, prefer to resolve concerns before supporting it

2: Some concerns but will go along with it

3: Support the idea

4: Strong support but will not champion it

5: Absolutely! Best idea ever, willing to champion it

“The overarching purpose of the CAC is to ensure the COHC remains responsive to consumer and community health needs.”—COHC CAC Charter

Land Acknowledgement

We recognize and acknowledge the indigenous land on which we live, work, learn, play, and grow. This is the land of the Warm Springs, Wasco, Northern Paiute, Tenino, Klamath, Molalla, and Yahooskin. We acknowledge them as the past, present, and future caretakers of this land. It is on their traditional land where we partner to improve the health and well-being of Central Oregonians. We aspire to be good guests honoring the concept in the Warm Springs culture: "This land is for you to know and live upon and pass on to the children."



Community Advisory Council (CAC) Meeting Changes: What to Expect

We want the CAC to be a warm and welcoming place for all. We want to ensure all CAC members feel comfortable to fully participate and contribute. To do this we are making some adjustments to how our CAC meetings are run. These changes are:

- Making the meetings less institutional and formal to create a warmer and more welcoming atmosphere. Examples are using more plain language, having more conversations and less presentations, and simpler voting instead of motioning.
- Renaming each attendee in Zoom with their role; either a CAC Member, Support Staff, or Guest. This will help easily identify who's who in the virtual space especially for guests and those members who are new.
- Asking all supporting staff from COHC, PacificSource, and the OHA to share why they are attending and what their role is in supporting the Community Advisory Council.
- Inviting all CAC members in attendance to share input during discussions and before decisions are made. We want to prioritizing Consumer Representatives and make sure all voices are heard. Guests in attendance are invited to contribute to the conversation when requested by the CAC Chair or Vice Chair.
- Building relationships between CAC members. We will be setting aside time at each meeting for CAC members to go into a virtual break out room, answer icebreaker questions or chat about anything they'd like.



COHC Community Advisory Council

Held virtually via Zoom

May 19, 2022

CAC Members Present:

Brad Porterfield, Chair, Consumer Representative
Conor Carlsen, Consumer Representative
Elizabeth Schmitt, Consumer Representative
Mandee Seeley, Consumer Representative
Miranda Hill, Klamath County Public Health
Natalie Chavez, Jefferson County Health
Stacy Shaw, Consumer Representative
Theresa Olander, Consumer Representative

CAC Members Absent:

Elaine Knobbs-Seasholtz, Mosaic Medical
Ken Wilhelm, United Way of Central Oregon
Linda Johnson, Community Representative
Mayra Benitez, Consumer Representative
Tom Kuhn, Deschutes County Health Services

COHC Staff Present:

Carmen Madrid, Central Oregon Health Council
MaCayla Arsenault, Central Oregon Health Council
Gwen Jones, Central Oregon Health Council
Kelley Adams, 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
Carolyn Black, Oregon Health Insurance Marketplace
Ken Provencher, CEO PacificSource
Leslie Cano, Latino Community Association
Kara Nielsen, BSN Student, School Nurse in Culver
Ignatius Bau, Advocacy & Lobby Trainer

Introductions

- Brad Porterfield welcomed all attendees. In order to save time at the meetings, only CAC members and those people in attendance who are new, changed roles, or guests will verbally introduce themselves. Everyone else will use the Chat to enter their name and role.

Land Acknowledgement

- Kristen Tobias read the Land Acknowledgement (see May packet for statement).

Meeting Practices

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

Public Comment/Patient Story

- Brad welcomed public comment.
- Elizabeth Schmitt has been having trouble with her Assurance phone. Kristen Tobias from PacificSource offered to help Elizabeth navigate the process of getting on the LifeLine phone.

Follow Up of Combined Board & CAC Meeting

- Brad Porterfield asked the members what they thought about the combined Board & CAC meeting. The members enjoyed seeing people in person. Those who were on Zoom had a hard time hearing some things.
- Carmen Madrid expressed that she is excited to work with the CAC and is looking forward to meeting with everyone.

Approval of April Meeting Notes

- Brad Porterfield asked the CAC members in attendance to vote on approving the notes from April. There were no objections to the meeting notes, so they are approved.

CAC Member Small Group Breakout Session

- The topic for the May meeting was: Should future meeting be in person or stay virtual?
 - The group reported that they like the option of in person, but it is not always accessible for all members. A quarterly hybrid option was suggested. The members asked that in person meetings branch out to locations other than Bend.

Advocacy & Lobby Training

- Ignatius Bau presented on Advocacy and Lobbying. The purpose of his presentation is to de-mystify what advocacy and lobbying is and what you can and can't do. Ignatius wants the CAC members to realize that there is an awful lot that they can do as a non-profit organization and that there are a lot of opportunities where the CAC can put forward the priorities of the Regional Health Improvement Plan (RHIP) and Central Oregon Health Council to the people that have the decision-making power, the budget power, and authority to be responsive to some of those needs. He hopes the CAC will be inspired to represent the people of Central Oregon.

- Suggestions on how the CAC can take next steps in advocacy, particularly for periodontal issues are:
 - Use the public comment process at the Health Evidence Review Commission (HERC)
 - Draft a letter outlining the issues and reach out to counterparts in other regions of Oregon (CCO CAC's)
 - Talking with the Oregon Oral Health Coalition to help align with dental experts in the field to help develop the CAC's position

2022 Community Health Projects Process

- MaCayla Arsenault explained that the focus for this meeting is to narrow down the CAC priorities for the 2022 Community Health Project grants. This will help shape the application process as well as funding decisions.
- The following principles were suggested to guide the CAC in this process:
 - The application and review process needs to be fair & objective
 - Community Input
 - All members of the communities are represented
 - Communities know best of what they need to serve their community members
- **ACTION ITEM:** Kelley Adams will send out an email asking what each CAC member would like to set as a minimum and/or maximum for the award range. This information will be presented at the June meeting.

2020-2024 Central Oregon Regional Health Improvement Plan

2022 Progress Report

Changes in community health priorities, goals, strategies, resources or assets.

The Central Oregon Regional Health Improvement Plan (RHIP) is a five-year plan, beginning in January 2020 and ending December 2024. Two million dollars for each of the six priority areas are being invested back into the communities within Central Oregon, totaling \$12 million. To date, six million of the \$12 million has been invested back into the region.

A common scoring tool was developed, reviewed, and implemented by workgroups to consider projects. This scoring tool asks workgroup voting partners from the RHIP priority area workgroups to consider a potential project based on, (1) the details of the project, (2) diversity, equity, and inclusion, (3) evaluation and sustainability, (4) project supports and partnerships, and (5) budget. This scorecard is shared with all potential applicants while completing their letter of interest or full application. [Standard Grant Scorecard](#).

In September of 2020, the COHC launched the [Central Oregon Health Data](#) site and is also available in [Spanish](#). This site is a continuously updated database (qualitative and quantitative) to track health-related aspects of Central Oregon communities. Instead of publishing a health assessment every five years, this site is available to anyone who wants the most up-to-date information on over [250 demographic elements](#), and [383 and growing health-related indicators](#). These data points are available at the region, county, community (town), zip code, and even neighborhood level depending on the data source. The site is designed around the RHIP, and highlights the six priority areas, progress being made toward each measure (and even an icon showing the target for that measure and if it has been met), and past and current projects that have been funded in support of each priority area and measures:

- [Currently Funded Projects](#)
- [What We're Learning](#)



The site also has local, state, national, and federal [funding opportunities](#), [promising practices](#), a [community calendar](#), and a growing [resource library](#). Individuals and organizations can contact us to add data elements that they'd like to have the region see ([example](#)), and anyone can [build their own dashboards](#) and share the link to that dashboard with partners or other community members.

Strategies used to address the CHP health priorities.

The COHC provides backbone support to workgroups organized around each priority area in the Regional Health Improvement Plan (RHIP). The workgroup members are content experts, partner organizations, and community members including CAC members from throughout the region. To implement the RHIP, the COHC uses a structured and participatory strategic planning process developed by the Institute of Cultural Affairs. The guided facilitation is grounded in collaborative strategies that draw upon human assets and build social capital to move toward more sustainable community development.

As of June 2022, the following RHIP Future State Measures have projects and strategies receiving funding:

- Increase the availability of behavioral health providers in marginalized areas of the region.
- Standardize behavioral health screening services for appropriate levels of care across services.
- Reduce mental health/substance abuse ED visits in marginalized areas of the region.

- Decrease food insecurity.
- Decrease sexually transmitted infections.
- Increase two-year-old immunization rates.
- Increase the proportion of pregnancies that are planned.
- Establish a regional measure for belonging and measure yearly.
- Develop a method to measure timeliness and engagement when referred from primary care to specialty behavioral health.
- Increase fruit/vegetable consumption and physical activity among youth.
- Decrease binge drinking rates among 18-34 year-olds.
- Improve graduation rate among students experiencing economic disadvantage.
- Decrease combined severely rent and mortgage burdened households.
- Decrease the percent of individuals who are ALICE (Asset-Limited, Income Constrained and Employed)
- Increase letter name recognition at kindergarten readiness among youth experiencing economic disadvantage and among underserved races.
- Increase third-grade reading proficiency among youth experiencing economic disadvantage and among underserved races.
- Decrease asthma and diabetes rates.
- Increase individuals receiving both an annual wellness exam and a preventative dental exam.
- Decrease vaping and e-cigarette use among youth.

Responsible partners who have been involved creating and implementing strategies to address RHIP health priorities.

Individuals representing the many organizations have helped to implement priorities and strategies in the Regional Health Improvement Plan (RHIP), or provide input and expertise on one of our RHIP priority area workgroups. Industries represented include Health (i.e. hospital, primary care, behavioral health, dental, surgeons, pharmacy, public health), Education (i.e. K-12, early learning, post-secondary, community), Infrastructure (i.e. public works, transportation, utilities), Justice (i.e. law enforcement, jail, parole, lawyers), Government (i.e. elected officials, tribal, county, city, and state offices), and Non-profits/Social Services (i.e. WIC, Boys and Girls Club, Partners in Care). The workgroups also benefit from insight from community representatives from towns throughout Central Oregon, as well as Community Advisory Council, Provider Engagement Panel, Operations Council, Central Oregon Diversity Equity and Inclusion (CODEI), and even Board of Directors member active participation.

The following organizations support the RHIP in one or more ways:

211Info	CCO Board Members
A Smile for Kids	CCO Community Advisory Council
Abilitree	Members
Allyship in Action	CCO Operations Council Members
Advantage Dental by DentaQuest	CCO Provider Engagement Panel
Awbrey Dental Group	Members
Balance4Life Wellness	Central Oregon Community College
Behavior & Mental Health Consultation of Oregon	Central Oregon Disability Network
Bend Area Habitat for Humanity	Central Oregon Environmental Center
Bend Farmers Market	Central Oregon FUSE
Bend Heroes Foundation	Central Oregon Health Council
Bend Food is Medicine Coalition	Central Oregon Health Quality Alliance
Bend La Pine School District	Central Oregon Homeless Leadership Coalition
Bend Parks and Recreation District	Central Oregon Independent Practice Association
Bend NEXT / Bend Chamber	Central Oregon Intergovernmental Council
Bend Treatment Center	Central Oregon Locavore
BestCare Treatment Services (Crook and Jefferson County CMHP)	Central Oregon Pediatric Associates
Bethlehem Inn	Central Oregon Teen Challenge
Better Together	Charlie Health
Big Brothers Big Sisters of Central Oregon	Central Oregon Veterans Ranch
Boost Oregon	Children's Forest of Central Oregon
Boulden Rogen Early Childhood Academy	Circle of Friends
Boys and Girls Club of Bend	City of Madras
Bridging the Gap Treatment Services	City of Prineville
Brightways Counseling Group	City of Redmond
Brink Communications	Confederated Tribes of Warm Springs
Building Hope	Columbia River Institute for Indigenous Development
C4 Innovations	Commute Options
Camp Fire Central Oregon	Cornerstone Community Housing
Capitol Dental Care	Council on Aging of Central Oregon
Cascade Detox	Court Appointed Special Advocates
Cascade Internal Medicine	Central Oregon
Cascade Peer and Self-Help Center	
Catalyst Counseling	

Creach Consulting
Crook County Health Department
Crook County Parks and Recreation
Crook County Rotary
Crook County School District
Crook County Veterans Services
Cultivaire, LLC
Darlene Urbach Memorial Youth
Fund
DAWNS House
Decoding Dyslexia Central Oregon
Deschutes County District
Attorney's Office
Deschutes County Health Services
Deschutes Land Trust
Desert Sky Montessori
Destination Rehab
Diversability
Early Learning Hub
East Cascade Works
East Cascades Women's Group
Eclipse Marketing
Economic Development for Central
Oregon
Elemental Eyecare
Ermilas Childcare and Bilingual
Preschool
Elite Volleyball Academy
Epic Property Management
Every Child Central Oregon
Families Forward
Family Access Network
Family Resource Center
First Presbyterian Church
Flourish Counseling
Friendometry
Friends of the Children Central
Oregon
Furnish Hope
FUSE
Gentle Dental
Gero Leadership Alliance
Habitat for Humanity Bend
Redmond
Habitat for Humanity La Pine
Sunriver

Haelan House
Hat Creek Counseling
Healing Justice Collective
Healing Reins
Healthy Beginnings
Heart of Oregon Corps
Hearthside Medicine Family Care
High Desert Education Services
District
High Desert Food and Farm
Alliance
High Desert Healthy Families
Homeless Leadership Coalition
Homestead Family Medicine
Housing Works
Hunger Prevention Coalition
Ideal Option M.A.T.
J Bar J Youth Services
Jefferson County Faith Based
Network
Jefferson County Public Health
Jefferson County School District
Jefferson County Youth
Organization
Jericho Road
Juniper Mountain Consulting
KIDS Center
Kindred Circle Care
Klamath County Health Department
Kor Community Land Trust
La Pine Community Health Center
(FQHC)
La Pine Community Kitchen
La Pine Eyecare Clinic
La Pine Park and Recreation
District
La Pine Senior Citizens
Latino Community Association
LG Behavioral Health
Lifetime Vision Care
Lighthouse Counseling Services
Lines for Life
Madras Police Department
Mecca Bend
Medical Teams International
Metolius City Council

Mosaic Medical (FQHC)
Mountain Start Family Relief
Nursery
Mountain View Fellowship
National Association of Mental
Illness
NeighborImpact
New Priorities Family Services
Novo Nordisk
Oasis Village
ODS Community Dental
OHSU
OHSU Knight Cancer Institute
Older Adult Behavioral Health
Initiative
Oregon Counsel for Behavioral
Health
Oregon Health Authority
Oregon Liquor Control Commission
Oregon Pediatric Improvement
Project
OSU Cascades
OSU Extension
OSU Migrant Services
PacificSource Community Solutions
(CCO)
Pain Advisors
Parkinson's Resources of Oregon
Partners in Care
Paulson's Floor Coverings
PAWsitive Choices
Pfeifer & Associates
Planned Parenthood
Praxis Medical Group
Quon Design and Communication
REACH
Redemption House Ministries
Redmond Proficiency Academy
Redmond School District
Redmond Senior Center
ReVillage
Rimrock Trails

Ronald McDonald House Charities
Sagewood Sanctuary
Samara Learning Center
Saving Grace
Seed To Table Oregon
Shelter4Youth
Sisters Habitat for Humanity
Sisters Park and Recreation
Sky Lakes Medical Center
Foundation
SMART Reading
Sri Ponya
St. Vincent De Paul Redmond
St. Charles Health System
(Hospital)
Stroke Awareness Oregon
Summit Health
Sunstone Recovery
Teen Challenge
The 1017 Project
The Center Foundation
The Child Center
The Confederated Tribes of Warm
Springs
The Cottage Daycare
The Door at Three Rivers
The Environmental Center
The Giving Plate
The Shield
TRACEs Central Oregon
Treehouse Therapies
Thrive Central Oregon
United Way of Central Oregon
Volunteers in Medicine
Warm Springs Community Action
Team
Weeks Family Medicine
Wellness Bend
Westside Church
Wild Rose Ranch (Warm Springs)
Worksource Oregon

Progress and efforts made (including services provided and activities undertaken) to date toward reaching the RHIP health priorities.

- [Workgroups for each of the six priority areas](#) launched in January 2020. Over 250 individuals volunteer their time to be on these workgroups, representing communities throughout Central Oregon, and various industries aiming to improve health and well-being. Information about these workgroups can be found below; including names partners who have consistently attended enough meetings to vote, past meeting packets, future meetings, and staff supporting these workgroups, in addition to their efforts in the last year:

1. [Address Poverty and Enhance Self-Sufficiency](#)

- a. Funded five programs and initiatives to increase high school graduation rates among students who are economically disadvantaged across Central Oregon.
- b. Funded six programs to reduce food insecurity by connecting people and establishing pathways to enhance community resources.
- c. Funded multi-phase project to conduct listening session among those who are Asset Limited Income Constrained and Employed (ALICE) to determine unique needs of different communities. Listening session will have a special emphasis on housing and transportation costs. Results will inform diverse approaches for each community to improve outcomes and meet the Future State Measures.

2. [Behavioral Health: Increase Access and Coordination](#)

- a. Investing to streamline care coordination and communication between primary care and specialty behavioral health providers by enhancing use of shared language and improving appropriate referrals to the right level of care.
- b. Invested \$550K to develop a regional and culturally-responsive method to measure timeliness and engagement with specialty behavioral health when referred from primary care.
- c. Investing \$500K to create and support a community-driven initiative for behavioral health (BH) workforce development in Central Oregon's rural areas. This will be a long-term pipeline development effort to infuse local learners into behavioral health careers.

3. [Promote Enhanced Physical Health Across Communities](#)

- a. Invested \$500,000 in 6 projects to increase youth fruit and vegetable consumption and physical activity.
- b. Reviewing a multi-stakeholder regional application to decrease STI rates.
- c. Addressing coordination between oral health providers and primary care.

4. Stable Housing and Supports

- a. Invested \$200,000 in the development of a Regional Housing Council
- b. Invested \$265,000 into permanent supportive housing
- c. Invested \$600,000 into increasing continuum capacity in the effort to end homelessness

5. Substance and Alcohol Misuse: Prevention and Treatment

- a. Exploring enhancing SBIRT within clinics to address binge drinking.
- b. Funded assessment on disparities and key drivers of binge drinking for 18-34-year-olds.
- c. Exploring implementing Healthy Retail.
- d. Funded organization to sustain their Peer Support Specialists (PSS) positions while hiring a consultant to work on PSS sustainability at the organization and system level.

6. Upstream Prevention: Promotion of Individual Well-Being

- a. Investing \$225K in regional programs supporting letter name recognition and reading for priority populations: Rural Communities, Urban neighborhoods that experience economic oppression, Students who identify as Black/African American, Native American/Alaskan Native, Latino/a/x, Asian/Pacific Islander, multiracial, or disabled, students who are migrant, runaway or receiving care through the foster care system, students who are eligible for free or reduced-price lunch.
- b. Developing and investing \$419K in regional childhood immunization quality improvement coordinator to work with private, community and public health clinics throughout Central Oregon collecting and analyzing immunization data, improve the quality of the data, partner with clinics, provide strategy and interventions to support clinics to improve vaccine rates. Priority support will be tailored to immunization sites serving clients who are vaccine hesitant, children and families who are experiencing homelessness, live in rural communities or city neighborhoods that experience economic oppression, who identify as Black/African American, Native American/Alaskan Native, Latino/a/x, Asian/Pacific Islander, multiracial, or live with a disability, and children who are migrant or receive support from the foster care system.
- c. Investing \$300K to create and implement a three to five year media campaign promoting conditions of a healthy pregnancy. Priority audiences include people aged 14-29 and their partners, people with incomes less than 200% of the federal poverty level and their partners, people cohabitating, people of color, youth questioning their gender identity and their partners, Reflect the cultural diversity and intersectionality of identity for all people and regions prioritized above, be multilingual and include

Spanish, utilize positive language about the benefits of planned pregnancy and support non-judgmental care.

- d. Investing \$350K to create, implement, analyze, and re-measure a community-level measure for resilience and belonging. This project continues the regional journey of understanding and responding to our communities' experiences, strengths and needs for belonging and resilience.
- Regional grant opportunities are released on a rolling basis here: <https://cohealthcouncil.org/standard-grants/>, as well as releasing opportunities publicly through partners covering the region. We also ask partners to share funding opportunities with any organizations that might be a good fit.
- To date, request for projects (RFPs), initial applications (LOIs), and funding have been released and awarded for the following measures:
 - Increase the availability of behavioral health providers in marginalized areas of the region.
 - Standardize behavioral health screening services for appropriate levels of care across services.
 - Reduce mental health/substance abuse ED visits in marginalized areas of the region.
 - Increase additional services for alcohol and drug dependence for individuals newly diagnosed.
 - Decrease food insecurity.
 - Decrease sexually transmitted infections.
 - Increase two-year-old immunization rates.
 - Increase the proportion of pregnancies that are planned.
 - Establish a regional measure for belonging and measure yearly.
 - Develop a method to measure timeliness and engagement when referred from primary care to specialty behavioral health.
 - Increase fruit/vegetable consumption and physical activity among youth.
 - Decrease binge drinking rates among 18-34 year-olds.
 - Improve graduation rate among students experiencing economic disadvantage.
 - Decrease combined severely rent and mortgage burdened households.
 - Decrease the percent of individuals who are ALICE (Asset-Limited, Income Constrained and Employed)
 - Increase the percentage of Housing Choice Vouchers (HCV) holders that can find and lease a housing unit.
 - Develop and utilize a comprehensive system for accurately capturing the extent of Central Oregonians experiencing homelessness.
 - Increase letter name recognition at kindergarten readiness among youth

- experiencing economic disadvantage and among underserved races.
- Increase third-grade reading proficiency among youth experiencing economic disadvantage and among underserved races.
- The workgroups have also funded \$325,854 in mini-grants (\$5,000 or less) to more than 70 projects serving areas in Crook, Deschutes, Jefferson, Northern Klamath, and the Confederated Tribes of Warm Springs since launch in January 2020. These mini-grants have impacted 23 of the 26 Future State Measures in the 2020-2024 RHIP ([Mini-Grant Opportunities](#)).
- In addition to these mini-grants funding at least one more Future State Measure in the 2020-2024 RHIP, the workgroups also helped to review and fund almost \$575,000 in COVID support in mini-grants throughout the region focusing on prioritized populations (124 projects) ([COVID-19 Final Report](#)). These COVID mini-grants have impacted 21 of the 26 Future State Measures in the 2020-2024 RHIP.
- The region's first [Racial Equity Data Roadmap](#) was published in the summer of 2021. This document is helping workgroups and committees in their decision-making processes.

Identification of the data used, and the sources and methodology for obtaining such data, to evaluate and validate the progress made toward metrics or indicators identified in the RHIP.

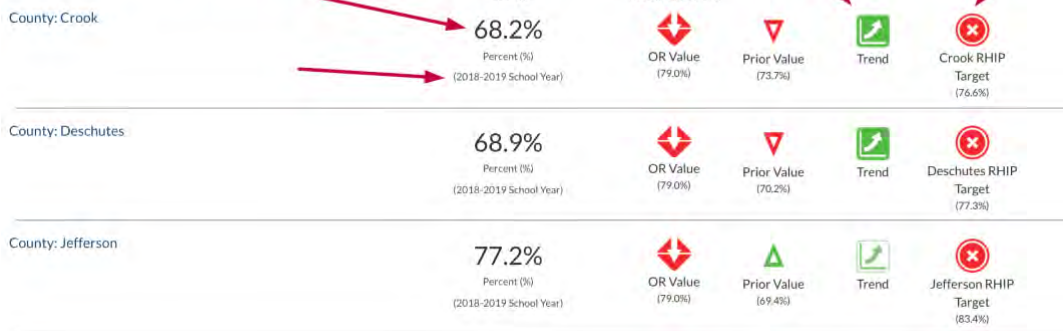
- RHIP progress is continuously tracked using the dashboard in the link below. Every measure is tracked showing data source, current year's data, trend over time, and if the target has been met for the specific measure. This data is updated at least yearly and reviewed by the priority area workgroups monthly.

2020-2024 RHIP Dashboard Metrics Tracker:

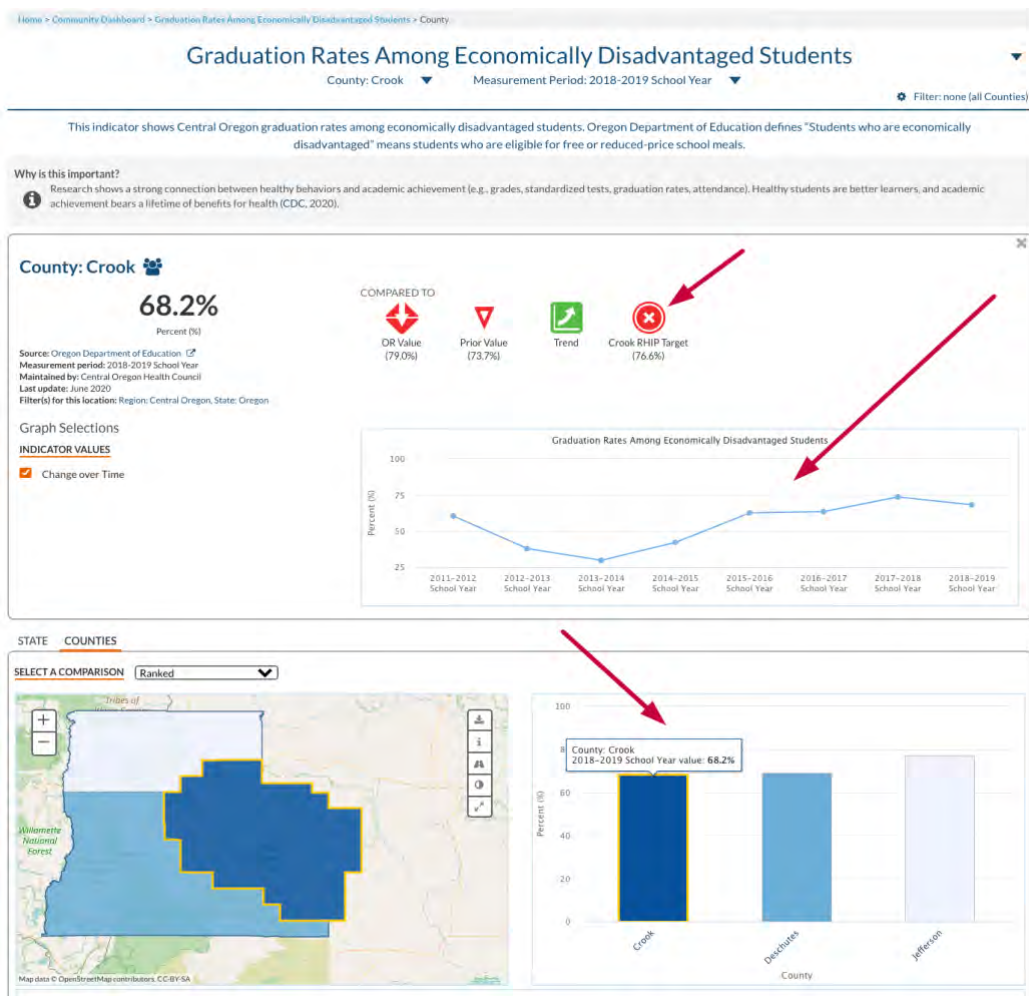
<http://www.centraloregonhealthdata.org/indicators/index/dashboard?alias=rhip>

Address Poverty and Enhance Self-Sufficiency

Graduation Rates Among Economically Disadvantaged Students



- If you click Crook County for example, in the above screenshot, you will get more detailed information about the data, including actual data and trend over time, as well as how the data looks when compared to the other full counties in the region, as shown in the screenshot below.



- For baseline data, please view each of the priority area pages which contain baseline or starting point data from the 2020-2024 RHIP, and a link to current data by measure, which shows the data source, trend over time, and if the RHIP target has been met.

1. [Address Poverty and Enhance Self-Sufficiency](#)
2. [Behavioral Health: Increase Access and Coordination](#)
3. [Promote Enhanced Physical Health Across Communities](#)
4. [Stable Housing and Supports](#)
5. [Substance and Alcohol Misuse: Prevention and Treatment](#)
6. [Upstream Prevention: Promotion of Individual Well-Being](#)

2020-2024 RHIP PRIORITY AREA
Address Poverty and Enhance Self-Sufficiency

AIM/GOAL

Individuals and families in Central Oregon experiencing poverty are provided equitable access and connected to appropriate resources that help them overcome obstacles to self-sufficiency and address health-related challenges.

Address Poverty and Enhance Self-Sufficiency Measures

The measures in the [2020-2024 Central Oregon Regional Health Improvement Plan](#) for the Address Poverty and Enhance Self-Sufficiency chapter were defined by regional subject-matter experts in Central Oregon.

Measure #1: Increase high school graduation rates among economically disadvantaged students.

Dec 2024

✓

Current State (2020)

In the 2017-18 school year Central Oregon graduation rates among economically disadvantaged students were:

	All Students	Economically Disadvantaged
Crook:	78.10%	73.60%
Deschutes:	82.50%	74.30%
Jefferson:	80.20%	80.40%

Source: OR Dept. of Education 2017-18

See latest data for this measure

➤

Future State:

By December 2024, Central Oregon graduation's rate among economically disadvantaged students will improve by 3 percentage points to:

	All Students	Economically Disadvantaged
Crook:	81.10%	76.60%
Deschutes:	85.50%	77.30%
Jefferson:	83.20%	83.40%

- If someone wanted to learn more about why each of these measures were selected within each priority area, they can click on “Why These Measures Are Important” arrowed in the screenshot below.

2020-2024 RHIP PRIORITY AREA
Address Poverty and Enhance Self-Sufficiency

AIM/GOAL
 Individuals and families in Central Oregon experiencing poverty are provided equitable access and connected to appropriate resources that help them overcome obstacles to self-sufficiency and address health-related challenges.

Address Poverty and Enhance Self-Sufficiency Measures

The measures in the [2020-2024 Central Oregon Regional Health Improvement Plan](#) for the Address Poverty and Enhance Self-Sufficiency chapter were defined by regional subject-matter experts in Central Oregon.

Measure #1: Increase high school graduation rates among economically disadvantaged students.	Dec 2024
Measure #2: Decrease food insecurity.	Dec 2024
Measure #3: Decrease percent of individuals living at poverty and income constrained.	Dec 2024
Measure #4: Decrease housing and transportation costs as a percent of income.	Dec 2024

[Why are these measures important?](#)

- Each priority area page also links to past or currently funded projects that improve that priority area in one or more ways.

What We're Learning About Economic Stability

In Central Oregon, there are already dozens of innovative projects working toward these measures.

Take a look through the list below to learn more.

Promoting a Healthy Environment [↗](#) Housing First for Central Oregon [↗](#) Veggie Rx [↗](#) THRIVE Central Oregon [↗](#)

What We're Learning About Education

In Central Oregon, there are already dozens of innovative projects working toward these measures.

Take a look through the list below to learn more.

Juntos Aprendemos (Together We Learn) Literacy Program [↗](#) Vern Patrick Community School [↗](#) Building a Culture of Care in Central Oregon's Education Systems [↗](#) Friends of the Children Central Oregon - Fund A Friend [↗](#)

- At the bottom of each priority area page there is information of mini-grants, promising practices, and how to get involved in local efforts. National funding opportunities are also shared.



Mini Grants

If you have a funding request under \$5,000 that impacts a measure listed on this page, you may be eligible for funding.

Read all eligibility requirements on the [Central Oregon Health Council](#) website.



Promising Practices

Interested in learning about potential strategies to impact these measures? [Promising practices](#) are available in our [Resource Library](#).



Get Involved

Want to participate in a workgroup? This group meets every 3rd Tuesday from 11-12:30pm. Contact the project managers for this workgroup through its workgroup's page on the [Central Oregon Health Council](#) website.

Related National Funding Opportunities



[NSF Rapid Response Research \(RAPID\)](#)



[Elton John AIDS Foundation](#)



[HRSA Maternal & Child Health Grand Challenges](#)



[Local and National Funding Opportunities](#)
Go to Collection

- In addition to the six RHIP workgroups reviewing this data monthly, data is also shared with the Central Oregon Health Council [Board of Directors](#), the [Community Advisory Council](#), the [Diversity, Equity and Inclusion Committee](#), the [Provider Engagement Panel](#), [Operations Council](#), and through various community-based webinars and learnings.

Healthier Oregon

Better care for more people

An update on HB 3352
AKA Cover All People



Healthier Oregon
Better Care for More People

Free health coverage offered by the state of Oregon

Background

In 2021, the Oregon Legislature passed HB 3352, expanding Cover All Kids to include adults within a \$100 million General Fund expenditure cap.

OHP coverage will supplement existing federal funding that covers medical emergencies for individuals on CWM (Citizenship-Waived Medical) to provide a full benefit package that covers primary care, behavioral health, prevention, dental, and other services.

Summary

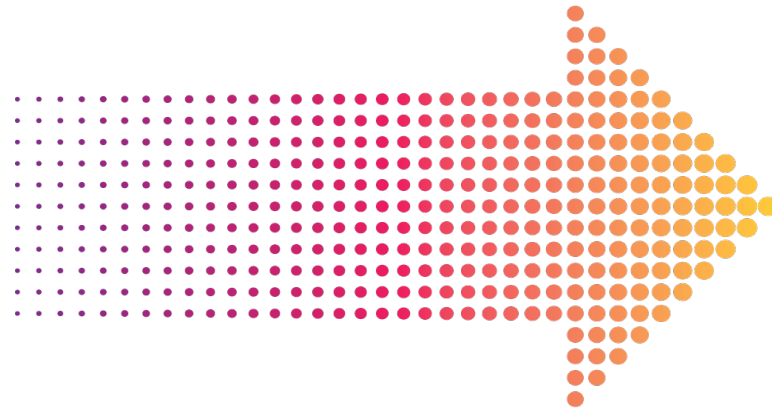
Starting July 1, 2022, **people who are 19-25 or 55 and older, including pregnant members**, will be eligible for full Oregon Health Plan (OHP) benefits regardless of their immigration status.

This means that adults in these age groups who have not been eligible for full Medicaid due to immigration/citizenship requirements, will be after July.

What to expect

People **19-25 or 55 and older** who are enrolled in CWM will automatically move to Healthier Oregon and will have full OHP benefits and (its anticipated) will enroll in Coordinated Care Organizations (CCOs) starting July 1, 2022.

CWM
Members
19-25 & 55+



Healthier
Oregon

Additionally, people who meet eligibility requirements, can enroll in Healthier Oregon after July 1.

What to expect – Public Health Emergency

- On April 15th, President Biden extended the federal emergency declaration through July 14, 2022. The federal government has committed to giving states notice at least 60 days before the nationwide declaration ends.
- The redetermination process will begin once Oregon receives this notice and OHP members will be informed about their status.
- Healthier Oregon communications is working to align with planning for the end of the public health emergency.

Outreach & Communications

A few things we're currently working on:

- Awareness flyer
- FAQs
- Webpage updates as needed: Oregon.gov/HealthierOregon
- Webpage also in Spanish
- Community presentations
- Facebook Live and other social media announcements
- Letters for CWM members who will be moving to Healthier Oregon

Healthier Oregon Timeline



September – December 2021

Advisory Workgroup develops Healthier Oregon program design



December 2021

Determine initial program design



January – March 2022

Advisory Workgroup helps to develop outreach, engagement, and education strategies



January – June 2022

ODHS and OHA finalize design and implement systems changes



April – May 2022

Outreach, engagement, and education efforts begin; first notice to be sent in May



July 1, 2022

Coverage begins

Thank you!



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Questions?

