The Central Oregon Health Council encourages persons with disabilities to participate in all programs and activities. This event/location is accessible to people with disabilities. If you need accommodations to make participation possible please call (541) 306-3523 or email macayla.arsenault@cohealthcouncil.org.

Council Members

- Brad Porterfield, Chair, Consumer Representative
- 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.

Central Oregon Health Council

COMMUNITY ADVISORY COUNCIL

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)
- 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:
  o Use the public comment process at the Health Evidence Review Commission (HERC)
  o Draft a letter outlining the issues and reach out to counterparts in other regions of Oregon (CCO CAC’s)
  o 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:
  o The application and review process needs to be fair & objective
  o Community Input
  o All members of the communities are represented
  o 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.
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
- A Smile for Kids
- Abilitree
- Allyship in Action
- Advantage Dental by DentaQuest
- Awbrey Dental Group
- Balance4Life Wellness
- Behavior & Mental Health Consultation of Oregon
- Bend Area Habitat for Humanity
- Bend Farmers Market
- Bend Heroes Foundation
- Bend Food is Medicine Coalition
- Bend La Pine School District
- Bend Parks and Recreation District
- Bend NEXT / Bend Chamber
- Bend Treatment Center
- BestCare Treatment Services
  (Crook and Jefferson County CMHP)
- Bethlehem Inn
- Better Together
- Big Brothers Big Sisters of Central Oregon
- Boost Oregon
- Boulden Rogen Early Childhood Academy
- Boys and Girls Club of Bend
- Bridging the Gap Treatment Services
- Brightways Counseling Group
- Brink Communications
- Building Hope
- C4 Innovations
- Camp Fire Central Oregon
- Capitol Dental Care
- Cascade Detox
- Cascade Internal Medicine
- Cascade Peer and Self-Help Center
- Catalyst Counseling
- CCO Board Members
- CCO Community Advisory Council Members
- CCO Operations Council Members
- CCO Provider Engagement Panel Members
- Central Oregon Community College
- Central Oregon Disability Network
- Central Oregon Environmental Center
- Central Oregon FUSE
- Central Oregon Health Council
- Central Oregon Health Quality Alliance
- Central Oregon Homeless Leadership Coalition
- Central Oregon Independent Practice Association
- Central Oregon Intergovernmental Council
- Central Oregon Locavore
- Central Oregon Pediatric Associates
- Central Oregon Teen Challenge
- Charlie Health
- Central Oregon Veterans Ranch
- Children’s Forest of Central Oregon
- Circle of Friends
- City of Madras
- City of Prineville
- City of Redmond
- Confederated Tribes of Warm Springs
- Columbia River Institute for Indigenous Development
- Commute Options
- Cornerstone Community Housing
- Council on Aging of Central Oregon
- Court Appointed Special Advocates
- Central Oregon
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  
Diversibility  
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)  
WorksSource 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 houselessness, 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/](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 dependance 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.

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**

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**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.

**Current State (2020)**

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

<table>
<thead>
<tr>
<th></th>
<th>All Students</th>
<th>Economically Disadvantaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crook:</td>
<td>78.10%</td>
<td>73.60%</td>
</tr>
<tr>
<td>Deschutes:</td>
<td>82.50%</td>
<td>74.30%</td>
</tr>
<tr>
<td>Jefferson:</td>
<td>80.20%</td>
<td>80.40%</td>
</tr>
</tbody>
</table>

*Source: OR Dept. of Education 2017-18*

**Future State**

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

<table>
<thead>
<tr>
<th>2023-24 4-year Graduation Rate by County (weighted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Students</td>
</tr>
<tr>
<td>--------------</td>
</tr>
<tr>
<td>Crook:</td>
</tr>
<tr>
<td>Deschutes:</td>
</tr>
<tr>
<td>Jefferson:</td>
</tr>
</tbody>
</table>
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.

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

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

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.

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!

Healthier Oregon
Better Care for More People

Free health coverage offered by the state of Oregon