Central Oregon Health Council
Board of Directors Meeting
Thursday, August 11, 2022 | 12:30 pm

IN PERSON: High Desert ESD | 2804 SW 6th St., Redmond
Lunch will be served

Zoom link to attend virtually: https://bit.ly/2Mkqvit
Dial-in: 1 (669) 900-6833 • Meeting ID: 542 240 567 • Passcode 406760

AGENDA

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
<th>PRESENTER</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30–12:40</td>
<td>Welcome and Public Comment</td>
<td>Tammy Baney</td>
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<tr>
<td>12:40–12:45</td>
<td>Consent Agenda</td>
<td>Tammy Baney</td>
<td>Vote</td>
</tr>
<tr>
<td>12:45–12:55</td>
<td>Healthier Oregon</td>
<td>Brad Porterfield</td>
<td>Info</td>
</tr>
<tr>
<td>12:55–1:10</td>
<td>Operations Council Update</td>
<td>Andrea Ketelhut Emily Salmon</td>
<td>Info</td>
</tr>
<tr>
<td>1:10–1:25</td>
<td>CCO Q2 2022 Performance Metrics</td>
<td>Tricia Wilder</td>
<td>Info</td>
</tr>
<tr>
<td>1:25–1:45</td>
<td>Finance Committee</td>
<td>Megan Haase</td>
<td>Vote</td>
</tr>
<tr>
<td>1:45–2:15</td>
<td>Quality Payout Pool</td>
<td>Tricia Wilder Karly Hedrick</td>
<td>Info</td>
</tr>
<tr>
<td>2:15–2:25</td>
<td>Public Health: Community Violence Update</td>
<td>Tammy Baney</td>
<td>Info</td>
</tr>
<tr>
<td>2:25–2:35</td>
<td>Community Survey Update</td>
<td>Rebeckah Berry</td>
<td>Info</td>
</tr>
<tr>
<td>2:35</td>
<td>Adjourn</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Consent Agenda**
- June 2022 Board Minutes
- COHC May Financials (pre-audit)

**Written Reports**
- Executive Director’s Report
- CCO Director Report
- CCO Dashboard June 2022
- June 2022 CAC Minutes
- July & August Mini-Grant Reports
A meeting of the Board of Directors (the “Board”) of Central Oregon Health Council, an Oregon public benefit corporation (the “Corporation”), was held at 12:30 pm Pacific Standard Time on June 9, 2022, online via Zoom. Notice of the meeting had been sent to all members of the Board in accordance with the Corporation’s bylaws.

**Directors Present**
- Tammy Baney, Chair
- Linda Johnson, Vice Chair
- Patti Adair
- Gary Allen, DMD
- Paul Andrews, EdD
- Megan Haase, FNP
- Brad Porterfield
- Divya Sharma, MD
- Kelly Simmelink
- Iman Simmons
- Justin Sivill
- Dan Stevens

**Directors Absent**
- Seth Crawford
- Rick Treleaven

**Guests Present**
- MaCayla Arsenault, Central Oregon Health Council
- Rebeckah Berry, Central Oregon Health Council
- Jeff Davis, PacificSource
- Rebecca Donell, OHA
- Mathew Hamlin, CPA
- Laurie Hill, COPA
- Lindsey Hopper, PacificSource
- Max Janasik, One Community Health
- Gwen Jones, Central Oregon Health Council
- Carmen Madrid, Central Oregon Health Council
Ms. Baney served as Chair of the meeting and Ms. Smith served as Secretary. Ms. Baney called the meeting to order and announced that a quorum of directors was present, and the meeting, having been duly convened in accordance with the Corporation’s bylaws, was ready to proceed with business.

WELCOME
Ms. Baney welcomed all attendees to the meeting and facilitated introductions.

PUBLIC COMMENT
Ms. Baney invited public comment. Mr. Porterfield shared that OHA’s Healthier Oregon program would begin on July 1 and provide coverage for many immigrants in our communities.

CONSENT AGENDA
The consent agenda consisted of the April meeting minutes and COHC’s March and April financials.

MOTION TO APPROVE: Ms. Johnson moved to approve the consent agenda; Dr. Allen seconded. All were in favor and the motion passed unanimously.

ACTION ITEMS
An action item remains open:
- The Executive Director will create a proposal to add two new community representatives to the Board—on hold pending Strategic Plan work at the next Board retreat.

PATIENT STORY LEARNINGS
Mr. Porterfield expanded on his comments on the Healthier Oregon plan, which would include undocumented immigrants aged 19–25 and over 55. He noted that the original plan was called Cover All People and the plan being implemented would not do so. Rebecca Donell explained that OHA had to limit enrollment due to budget constraints and hopes to expand it later as more funding becomes available.

RHA/RHIP UPDATE
Ms. Arsenault, Ms. Jones, and Ms. Wirth introduced the Stable Housing priority area and discussed where data relating to it and the other priority areas of the RHIP could be accessed on the Central Oregon Health Data website.
Ms. Wilson gave a report on the Housing Leadership Coalition, which had requested three years of funding, and the services being offered to those experiencing homelessness in our region. Ms. Adair shared via chat that the Bend shelter had served 859 unique guests from June 1, 2021 to June 1, 2022. They averaged 90 guests each night in May.

**COHC 2021 Financial Audit**

Mr. Hamlin presented the financial audit he had recently brought before the Finance Committee, highlighting key performance indicators and important notes for the Board to peruse. Ms. Haase affirmed that the Finance Committee had recommended the audit to the Board for approval.

**MOTION TO APPROVE:** Ms. Haase motioned to approve the draft 2021 Financial Audit; Dr. Allen seconded. All were in favor and the motion passed unanimously.

**Finance Committee Report**

Ms. Haase reported from the Finance Committee about the audit, now approved, and the Quality Payout Pool workgroup, who had been tasked with devising an equitable distribution method that would work across all different provider types. They would be meeting again but hoped to be able to report back at the next meeting.

**CCO Q1 2022 Performance Metrics**

Ms. Wilder presented PacificSource’s first quarter performance metrics, noting opportunities in quality work and gap analysis. She mentioned that the JMA future shared savings were estimated at $1.3 million. The quality pool payout was estimated at about $15 million.

**Public Health: Gun Violence**

Given the recent school shooting at an elementary school in Uvalde, Texas, Ms. Baney raised the issue of gun violence and its connection with public health to determine whether the Board wanted to engage. She added that she was aware it was a sensitive subject and appreciated the respect the Board has for one another to be able to discuss such topics. After some discussion, it was agreed a workgroup should meet to consider ways in which they might wish to engage.

**Adjournment**

Ms. Baney reminded the group that there would be no meeting in July and they would reconvene on August 11. There being no further business to come before the Board, the meeting was adjourned at 2:37 pm Pacific Standard Time.

Respectfully submitted,

______________________
Camille Smith, Secretary
## Central Oregon Health Council
### Statement of Financial Position
#### YTD: May 2022 Pre-Audit

<table>
<thead>
<tr>
<th>Assets</th>
<th>General Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking/Savings</td>
<td>$17,314,839</td>
</tr>
<tr>
<td>COPA - Security Deposit</td>
<td>$1,997</td>
</tr>
<tr>
<td><strong>Total Checking/Savings</strong></td>
<td><strong>$17,316,836</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Liabilities &amp; Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
</tr>
<tr>
<td>2020 QIM Withhold Payable</td>
</tr>
<tr>
<td>Payroll Payable (PTO Accrual)</td>
</tr>
<tr>
<td>RHIP 2020-2024 Payable</td>
</tr>
<tr>
<td>Grants Payable</td>
</tr>
<tr>
<td><strong>Net assets without donor restrictions</strong></td>
</tr>
<tr>
<td><strong>Net assets with donor restrictions (OABHI)</strong></td>
</tr>
<tr>
<td><strong>Net Income/(loss)</strong></td>
</tr>
<tr>
<td><strong>Total Liabilities &amp; Equity</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Actual</th>
<th>Budget</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue</td>
<td>$485,889</td>
<td>$500,000</td>
<td>-3%</td>
</tr>
<tr>
<td>Community Impact Funds</td>
<td>1,342,054</td>
<td>112,500,000</td>
<td>-99%</td>
</tr>
<tr>
<td>Grants</td>
<td>16,667</td>
<td>-100%</td>
<td></td>
</tr>
<tr>
<td>Interest income</td>
<td>2,018</td>
<td>41,667</td>
<td>-95%</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$1,829,961</strong></td>
<td><strong>$1,350,000</strong></td>
<td><strong>36%</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Expense</td>
<td>424,220</td>
</tr>
<tr>
<td>Community Impact Funds*</td>
<td>2,844,037</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>3,268,257</strong></td>
</tr>
<tr>
<td><strong>Net Income</strong></td>
<td><strong>$(1,438,296)</strong></td>
</tr>
</tbody>
</table>

**Community Impact Funds - Top 4 Funded 2022**
- Deschutes County: 419,428
- OHSU: 350,000
- Thrive Central Oregon: 205,000
- COCC: 191,548
- Incentive Impact Funds Expense: 625,652
- All other: 1,052,409

**Total**: 2,844,037

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

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</tr>
</thead>
<tbody>
<tr>
<td>P &amp; L Board trigger</td>
<td>Yes or No</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Recapture Board trigger</td>
<td>Yes or No</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
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</tbody>
</table>
## 2022 Central Oregon CCO Performance Metrics - Quarter 2 Update

### Metric status:
- **Green** - Metric is on target
- **Yellow** - Metric is not meeting the target, but is expected to rebound
- **Red** - Metric is significantly behind target and in jeopardy of not rebounding

### QUALITY & MEMBER EXPERIENCE

**Objective:** CCO improves care, makes quality care accessible, and eliminates health disparities for its members.

**Metric:** Meet at least 13 of 14 Quality Incentive Measure targets to achieve 100% payout.

<table>
<thead>
<tr>
<th></th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Notes - Quarter 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>In evaluating rolling-12 data, Central Oregon has six claims based metrics that are within the target by less than 5 percentage points. Two of the four eCQMs are currently below target, however, this data is on a YTD basis and will improve throughout the year. PCS is mailing large numbers of reminder postcards for 3-6 year olds who still need a well-child visit this year. These postcards are sent bi-monthly. In addition, PCS is supporting a pilot program that involves texting members that have not established care with their primary care physician. Initial responses have been successful and the pilot program is ongoing.</td>
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</table>

- **Approximately 23,735 CO CCO members have a mental health diagnosis (Denominator total).**
- **The 2021 Baseline, MH Access Rate, is 63.7% compared to the 57.3% Oregon rate (across all COOs).**
- **Of 65.7%, 44.7% of adults had a mental health service in 2021.**
- **Of 65.7%, 19% of children had a mental health service in 2021.**
- **Based on rolling 12-month internal data, January/April members’ MH access rate is 64.1% (This data fluctuates, so you'll see lower stats in July's submission since we used 3/2022 rolling to keep a closer comparison to baseline).**
- **63.5% of BIPOC members with an MH need had an MH service compared to 65.7% of members overall.**
- **PCS-CO has several collaborations to improve access to youth services, such as supporting the Acute Care Council to expand youth services, working with Sage Brush Advisory Council to support partial hospitalization programs for youth, and working with the Systems of Care and Oregon Department of Human Services.**
- **The BH Strategist and COHC are also working to increase the number of BH providers in our most rural regions.**
## 2022 Central Oregon CCO Performance Metrics - Quarter 2 Update

### CCO 2.0 REQUIREMENTS

**Objective:** CCO meets all CCO 2.0 contract requirements.

**Metric:** At least 50% of provider contracts are in a Value Based Payment arrangement (LAN Framework category of 2C or higher).

- Metric status: On Track
- 8 individuals attended the Q2 training. 20 individuals as of June 30 have passed the course; 6 failed. In the winter term, 12 of those who passed the course were invited to the exam prep PCS pays for but only 2 attended; 16 were invited in Spring term, but only 2 attended. Of the total participants who passed, only 3 of the total participant pool are on the OHA registry as certified. One vendor staff person is eligible for summer term. There are 22 available slots for Fall term and PCS is working with OHCA and vendors to identify participants.

**Metric:** In partnership with the Oregon Health Care Interpreter Association train and certify up to 60 culturally and linguistically responsive Health Care Interpreters across PCS-contracted medical interpreter vendors.

- Metric status: On Track

### FINANCIAL STABILITY

**Objective:** CCO ends the year with a positive financial position.

**Metric:** Achieve positive net income.

- Metric status: On Track
- 70,963. June financials show a year to date operating gain of $16.3M, ahead of a budgeted gain of $8.3M. There are $10M of positive adjustments from prior years included in the current year results. This is materially higher than previously reported due to final provider settlement calculations for 2021. This also resulted in a small shared savings due under the JMA. The COC has incurred approximately $5.4M of Covid-19 related expenses for treatment and testing, of which $1.9M is in hospital claims. There was $5.8M reserved for large cases this month with $5.95M estimated in reinsurance recoveries. The 2022 JMA shared savings is currently estimated to be a future shared savings of $2.5M.

**Metric:** Achieve at least a 100% Quality Pool payout (earned in 2022, paid in 2023).

- Metric status: On Track
- The CCO healthcare system continues to be plagued with pandemic and workforce challenges. The PCS population health team is working closely with our provider partners and remains cautiously optimistic we can meet H/14 metrics for 100% payout.
### 2022 Central Oregon CCO Performance Metrics - Quarter 2 Update

| Metric status: | Metric is on target | Metric is not meeting the target, but is expected to rebound | Metric is significantly behind target and in jeopardy of not rebounding |

#### OPERATIONS

**Objective:** CCO monitors and evaluates operations to ensure optimal performance.

- **Metric:** Closely monitor annual External Quality Review activities and address any Health Services Advisory Group/OHA inquiries according to compliance standards.
  - Health Services Advisory Group’s (HSAG) annual Compliance Monitoring Review (CMR), Mental Health Parity Analysis (MHPA), and Encounter Data Validation (EDV) audits are in post-review stages. All audits are on target.

- **Metric:** Meet resolution time of 30 days or less for 100% of appeals and grievances received.
  - Data represents the Q1 2022 look back period. The data set for Q2 2022 is not yet available due to delegate submission deadlines occurring after this data request. Appeals: 0.0% of appeals in Q2 2022 were responded to timely. 6 grievances: 0.0% of grievances in Q2 2022 were responded to timely. Overall: 100% of appeals and grievances were timely.
Quality Pool Distribution Methodology 2022
COHC QIM Pool Payout Calculation History

- 2013-2019: Combination of participation and membership formula utilized.


- 2020: Pandemic began & OHA offered early release of QIM funds and a non-reporting year. As a result, the 2019 plan was not finalized and/or implemented.


- 2022: Circling back on 2019 performance based approach to elevate QIM Pool Payout to the next step.
Objective

To further incentivize quality pool providers by adding a performance based step to the payout methodology.
QPP Workgroup:
Carmen Madrid, Megan Haase, Andrea Ketelhut, Emily Salmon, Marshall Greene, Ashley Zeigler, and Tricia Wilder

Finance Committee recommendation is to proceed with new QPP methodology that includes a performance based step as part of the formula.
Quality Pool Payout Steps

- **Step 1**: Determine COHC Portion of Quality Funds
- **Step 2**: Determine Provider Pool Payouts
- **Step 3**: Determine Individual Organization Quality Pool Payout*
- **Step 4**: Identify Funds Unearned (if any) and Redistribute

* *Performance Step*
Step 1: Determine COHC Portion of Quality Funds

- Total from OHA then subtract 2% for MCO tax and then multiply the total Quality Pool by 50% = **COHC Quality Pool Total Funds**

<table>
<thead>
<tr>
<th>Central Oregon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Pool Payout $16,290,553.05</td>
</tr>
<tr>
<td>Tax 2%                         $325,811.06</td>
</tr>
<tr>
<td>To split                      $15,964,741.99</td>
</tr>
<tr>
<td>Split %                       50%</td>
</tr>
<tr>
<td>To COHC                       $7,982,371.00</td>
</tr>
<tr>
<td>To PCS                        $7,982,370.99</td>
</tr>
</tbody>
</table>
Step 2: Determine PCP, OBGYN, Public Health, Mental Health & Dental Pools

- Split total QIM payout by where the work is done, per workgroup recommendation

### Table: Qualified Providers

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Information Source</th>
<th>PCP</th>
<th>OB-GYN</th>
<th>Public Health</th>
<th>DCO</th>
<th>CMHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Immunizations</td>
<td>Claims, ALERT system</td>
<td>95%</td>
<td>5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessments for children in DHS custody</td>
<td>Claims</td>
<td>33%</td>
<td>33%</td>
<td>34%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table: Total PCP Pool

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Total PCP Pool Available</th>
<th>Total Measure Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Immunizations</td>
<td>$ 429,302</td>
<td>1194</td>
</tr>
<tr>
<td>Assessments for children in DHS custody</td>
<td>$ 149,126</td>
<td>150</td>
</tr>
</tbody>
</table>
### Step 3: Determine Individual Organization Quality Pool Payout

- Multiply organization denominator \( \times \) pool available \( \times \) performance

<table>
<thead>
<tr>
<th></th>
<th>Total PCP Pool Available</th>
<th>Total Measure Denominator</th>
<th>Raw Denominator</th>
<th>% of Denominator</th>
<th>QIM Performance</th>
<th>% of PCP Pool</th>
<th>Payout with Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization X</td>
<td>$ 429,302</td>
<td>1194</td>
<td>201</td>
<td>0.168</td>
<td>Not met</td>
<td>$ 72,269.38</td>
<td>$ 36,134.69</td>
</tr>
<tr>
<td></td>
<td>$ 149,126</td>
<td>150</td>
<td>40</td>
<td>0.267</td>
<td>Met</td>
<td>$ 39,766.89</td>
<td>$ 39,766.89</td>
</tr>
</tbody>
</table>
**Step 3: Identify Funds Unearned (if any) And Redistribute**

- If organization does not meet all Quality Metrics at 100%, then multiply organization total denominator by funds remaining

<table>
<thead>
<tr>
<th>Remaining Pool Payout</th>
<th>Org. X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remaining Pool Funds</td>
<td>$ 302,656.44</td>
</tr>
<tr>
<td>Organization Metric Denominator Membership</td>
<td>22,841</td>
</tr>
<tr>
<td>Total CCO Metric Denominator Membership</td>
<td>100,455</td>
</tr>
<tr>
<td>Percent of CCO Metric Membership</td>
<td>0.227</td>
</tr>
<tr>
<td>Remaining Pool Payment based on CCO Membership</td>
<td>$ 68,816.64</td>
</tr>
</tbody>
</table>
Discussion, Motion, Vote
May 1, 2022– July 31, 2022

The first 90 days in my role as Executive Director for the Health Council have been filled with training, discoveries, and opportunities. Continuing to learn about Central Oregon’s rich history and relationships in the region has been my primary focus in order to develop effective strategies for the future. One theme that I have consistently heard from those I’ve met is care for the community and the intention to consistently enrich the well-being of all those in the region. With these values and energy, there is an opportunity to improve our navigation among relationships, systems, and processes.

The reporting below is a brief list of what is occurring and will evolve as a status update aligned with the Strategic Plan.

Discoveries and Opportunities

- Met with more than 100 Central Oregon leaders and community members to listen to their stories and their vision for Central Oregon.
- Exploring opportunities in health information integration.
- Reviewing the TRACES program (Trauma, Resilience and Adverse Childhood Experiences).
- Developing a strategy to meet with funders for future revenue streams.
- Developing a COHC newsletter for visibility to uplift workgroup progress and achievements.
- Developing funding strategies for immediate community and operational responses.
- Reviewing our organizational structure to develop recommendations to improve alignment with our Strategic Plan and communications among committees.
- Exploring ongoing adjustments to the Strategic Plan as needed.
Community Outreach

- Our staff continues to build stronger community relationships in areas such as Warm Springs, Gilchrist, and Prineville. We participated in the Warm Springs Health Faire in June and were invited to Klamath Row (the Klamath Tribes Health Fair) and the Warm Springs Back-to-School BBQ in August.
- COHC will begin to have a stronger presence in rural and underserved communities with the intention to listen and invite more diverse voices into committees and workgroups.

Operations

- Internal review of operations and drafting the COHC budget for 2023.
- Migration for security compliance completed. Staff training to be scheduled for new Microsoft platform.
- Reviewing and updating the staff employee handbook.
- Reviewing operational workflows and savings opportunities.

Staff

- Staff retreat scheduled for October for team-building, level-setting, and formal DEI training.
- Hired Kelley Adams, Administrative Assistant, from temporary agency.
- Upgrading Camille Smith’s job description to support operations and communications.
- Training scheduled for all staff to receive TOPS facilitation training.
- Renee Wirth, Project Manager, moved out of state and provided her transition notice earlier this year. Her role will be filled by September 2022. Her last day with COHC will be September 3, 2022 and she will continue as a consultant with COHC temporarily.
- Donna Mills’ official last day was June 30, 2022 and she is happily enjoying her retirement!

Questions?
Please contact Carmen Madrid at carmen.madrid@cohealthcouncil.org.
PACIFICSOURCE COMMUNITY SOLUTIONS (PCS) CENTRAL OREGON CCO UPDATES:

Quality Incentive Metrics (QIMs)

I. 2021 Quality Pool Payout
The Central Oregon CCO earned greater than a 100% payout of $15.9M, however, missed earning the funds related to the COVID-19 Emergency Outcome Tracking vaccination metric.

II. 2022 QIM Performance
Currently 7 of the 14 metrics are at risk in Central Oregon. Provider groups continue to struggle with staffing challenges and capacity to work on quality improvement efforts. PCS is mailing large numbers of reminder postcards for 3-6 year olds who still need a well-child visit this year. These postcards are sent bi-monthly. In addition, PCS is supporting a pilot program that involves texting members that have not established care with their primary care physician. Initial responses have been successful and the pilot program is ongoing.

III. 2022 QIM Targets
Yamhill CCO and Jackson Care Connect CCO both submitted public testimony to the OHA Metrics and Scoring Committee in June asking for the 2022 Quality Pool benchmarks to be decreased due to the strain that the healthcare delivery system continues to face. The CCO Medical Director (COMED) Committee also signed a joint letter where 15 of the 16 CCO Medical Directors signed requesting the same considerations. To date, the Metrics and Scoring Committee has not discussed further.

IV. 2022 Social-Emotional Health Quality Incentive Metric (QIM)
PCS is making great strides in progressing the work of the Social-Emotional Health metric. In Central Oregon, the community landed on the prioritized population and now need to reach out to community-based organizations to partner with them and parent advisory groups to gain additional feedback.

Medicaid Redeterminations
The Public Health Emergency (PHE) was extended on July 15th for another 90 days until October 13, 2022. As states will receive a 60-day notice prior to the end of the PHE, we will know by mid-August whether this will be the final extension. PCS will continue to monitor CMS and OHA for updates and, in the meantime, are working internally on various modalities of communication to help inform and prepare PCS members. Prep work is underway at OHA with current messaging focused around encouraging members to update their contact information. OHA plans to partner with CCOs to help gather contact information for members, and has also announced changes to the ONE portal to allow members to easily make non-eligibility related updates without having to formally report a change.

Joint Task Force on the Bridge Health Care Program
The task force formed under House Bill 4035 continues to meet at a biweekly cadence, as the act requires recommendations for a blueprint by September 1, 2022. In June, the task force received a high-level actuarial analysis of the impacts a § 1331 basic health program may have on Oregon and the
individual health insurance market. Based on this initial analysis, the task force brought the Department of Consumer and Business Services before it to discuss how the blueprint may impact a practice known as “silver loading.” The task force also spent much of June and into July discussing elements of plan design, including the scope and extent of dental benefits.

**Healthier Oregon Program (HOP)**
Healthier Oregon is live as of July 1, and members received CCO assignments as of July 11th. PCS CCOs enrolled just over 2,600 new HOP members, with more than 1,800 of these members in the Marion-Polk CCO service area. The graphics below reflect enrollment counts and language preferences for these members:

![New-to-Us HOP Members by Region](image)

<table>
<thead>
<tr>
<th>Language Spoken</th>
<th>Number of HOP Enrollees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>1,968</td>
</tr>
<tr>
<td>English</td>
<td>600</td>
</tr>
<tr>
<td>Not Provided</td>
<td>65</td>
</tr>
<tr>
<td>Russian</td>
<td>16</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>9</td>
</tr>
<tr>
<td>Korean</td>
<td>4</td>
</tr>
<tr>
<td>Hindi</td>
<td>2</td>
</tr>
<tr>
<td>German</td>
<td>1</td>
</tr>
<tr>
<td>Fula</td>
<td>1</td>
</tr>
<tr>
<td>Cantonese</td>
<td>1</td>
</tr>
</tbody>
</table>

**PACIFICSOURCE COMPANY-WIDE UPDATES:**

**Ken Provencher to Retire in March 2023**

PacificSource Health Plans recently announced that long-standing president and CEO Ken Provencher will retire on March 31, 2023. Provencher has served as PacificSource’s president and CEO for 21 years, and is only the fifth PacificSource CEO since the company’s inception in 1933. Upon his retirement he will leave behind more than 38 years of experience in the healthcare industry, with 28 of those years committed to PacificSource. The PacificSource board of directors will conduct a nationwide search for his replacement.

“I have been very fortunate and blessed to have worked with all of my PacificSource colleagues and our board during my tenure here,” said Ken Provencher, president and CEO of PacificSource. “I am extremely proud of how we have approached our work and that we have done so as an independent, not-for-profit community health plan. I also appreciate our many provider and community partners who have collaborated with us and worked diligently over the years to provide greater access to care and improve community health.”
“It has been a pleasure working with Ken in his tireless pursuit of building PacificSource into an admired organization with a focus on the health of our communities,” said PacificSource Board Chair Rick Wright. “The entire Board of Directors is happy Ken finally gets to enjoy retirement and we would like to thank him for preparing us for a bright future.”

During his tenure with PacificSource, Provencher has overseen the organization’s exponential growth in the Northwest as the company expanded its reach throughout Oregon and into Idaho, Montana, and Washington. In 2016, he oversaw the implementation of a strategic partnership with Legacy Health, resulting in an integrated approach that has elevated the quality of care to members and patients, and allowed PacificSource to serve as the health insurance provider for Legacy’s benefit-eligible employees and their families. He also led the company’s biggest Medicaid membership expansion in 2020, adding more than 200,000 members and bringing the organization’s total membership to over 600,000 individuals to date.

Provencher joined PacificSource in 1995 as provider contracting director, was promoted to vice president operations in 1996, and then served as interim CEO in 2000 before being officially appointed to president and CEO in 2001. Prior to joining PacificSource, he served as vice president of VHA Upstate New York, a 15-hospital healthcare system. He also served as administrative director for United Health Services Network and director of finance and operations for HMO of North Carolina, a Blue Cross/Blue Shield subsidiary.
**FOCUS ON: MENTAL HEALTH ACCESS**

The % of members with a mental health service need who had mental health services. Reported using OHA PIP 2021 baseline data provided to CCOs.

**MH Access Rate (Ages 2+) vs OR State and Other PCS CCOs**

- **Central Oregon MH Access by Age Group**
  - Baseline 2021 Rate (n = # Members in Measure) = OR State Rate
  - 02-05: 61.1% n = 720
  - 06-11: 67.9% n = 2,054
  - 12-17: 76.6% n = 3,984
  - 18-24: 64.2% n = 2,993
  - 25-64: 61.8% n = 14,851
  - 65+: 34.7% n = 1,133
  - Total: 63.6% n = 25,735

- **Central Oregon MH Access by Interpreter Need & Primary Race**
  - 68.4% of members w/ interpreter and MH service needs had a MH service compared to 63.6% of members overall
  - Interpreter needed: 68.4% n = 424
  - No need indicated: 63.6% n = 25,311
  - Total: 63.6% n = 25,735

- **63.5% of BIPOC members with a MH need have had a MH service compared to 63.6% of members overall**
  - Al/ AN: 57.9% n = 292
  - Asian: 65.0% n = 117
  - Black/ Afr Am: 70.6% n = 136
  - Latino/a/x: 64.1% n = 1,343
  - NH/PI: 50.0% n = 34
  - Other: 73.3% n = 15
  - Unknown: 66.6% n = 10,639
  - White: 61.3% n = 13,159
  - Total: 63.6% n = 25,735

**ACCESS & UTILIZATION**

(01/2019 to 05/2022; paid thru 05/2022; no completion factor applied)

- **Behavioral Health**
  - 2020: 4,350 21%
  - 2021: 4,116 22%
  - 2022: 3,541 15%

- **Dental**
  - 2020: 685 24%
  - 2021: 776 28%
  - 2022: 683 17%

- **Primary Care**
  - 2020: 1,867 47%
  - 2021: 1,722 48%
  - 2022: 1,596 31%

- **Specialist Office**
  - 2020: 579 17%
  - 2021: 604 18%
  - 2022: 555 11%

- **Emergency Dept**
  - 2020: 434 17%
  - 2021: 419 18%
  - 2022: 354 9%

- **Inpatient Admits**
  - 2020: 73 4%
  - 2021: 65 4%
  - 2022: 47 2%

*Visits Per 1,000 Members per Year*
### GENERAL DEFINITIONS AND ACRONYMS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition &amp; Data Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI/AN</td>
<td>Member selected one of the racial or ethnic identities under the American Indian and Alaska Native section as their primary race.</td>
</tr>
<tr>
<td>Behavioral Health Visit</td>
<td>The member has had a behavioral health visit in the last 12 months according to the PacificSource claims algorithms.</td>
</tr>
<tr>
<td>BH</td>
<td>Behavioral Health (mental health, substance abuse and addictions)</td>
</tr>
<tr>
<td>BIPOC</td>
<td>Black, Indigenous, People of Color (BIPOC): this report defines BIPOC as members who self-identified a primary race as American Indian, Asian, Black or African American, Hispanic Latinx, Middle Eastern/Northern African, and/or Native Hawaiian or Pacific Islander according to REALD data.</td>
</tr>
<tr>
<td>Black/Afr Am</td>
<td>REALD form category including African, African American, Caribbean, Other African</td>
</tr>
<tr>
<td>Interpreter Needed</td>
<td>Member indicated on their REALD form that they need either a spoken or sign interpreter.</td>
</tr>
<tr>
<td>Latino/a/x</td>
<td>Member selected one of the racial or ethnic identities under the Hispanic and Latino/a/x section as their primary race. This includes Hispanic or Latino/a Central American, Mexican, South American, and Other Hispanic or Latino/a/x.</td>
</tr>
<tr>
<td>Medical Claims Expense</td>
<td>Claims-related expenses, including capitation, pharmacy, disease management and network fees, pharmacy rebates (if applicable), health services expenses and IBNR (incurred but not received).</td>
</tr>
<tr>
<td>Mental Health Access</td>
<td>The statewide performance improvement metric on mental health service access monitoring. This is the percent of members with a mental health service need who received outpatient mental health service in the measurement period. Mental health service needs and mental health services are defined in OHA’s Mental Health Service Access Monitoring specifications available at <a href="https://www.oregon.gov/oha/HPA/DSI/Documents/PIP-MH-statewide-measure.pdf">https://www.oregon.gov/oha/HPA/DSI/Documents/PIP-MH-statewide-measure.pdf</a>.</td>
</tr>
<tr>
<td>NEMT</td>
<td>Non-Emergent Medical Transport</td>
</tr>
<tr>
<td>NH/PI</td>
<td>Member selected one of the racial or ethnic identities under the Native Hawaiian and Pacific Islander section as their primary race. This includes Guamanian or Chamorro, Micronesian, Other Pacific Islander, Samoan, and Tongan.</td>
</tr>
<tr>
<td>OHA</td>
<td>Oregon Health Authority</td>
</tr>
<tr>
<td>Other PS CCOs</td>
<td>Other PS CCOs in this CCO Dashboard combines all other PacificSource Medicaid CCO regions other than the CCO of reference for contextual comparisons.</td>
</tr>
<tr>
<td>PCS</td>
<td>PacificSource Community Solutions</td>
</tr>
<tr>
<td>PIP</td>
<td>Performance Improvement Project</td>
</tr>
<tr>
<td>Primary Care Visit</td>
<td>The member has had a primary care visit in the last 12 months according to the MiPi member profile.</td>
</tr>
<tr>
<td>PTMPY</td>
<td>Per thousand members per year</td>
</tr>
<tr>
<td>REALD Primary Race/Ethnicity</td>
<td>A member can self-select a primary race during their Medicaid enrollment and OHA shares this information with us in the 834 file. This is a higher level category of primary race based on the sections of the REALD form.</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>The member has had a specialist visit in the last 12 months according to PacificSource claims algorithms.</td>
</tr>
<tr>
<td>YTD</td>
<td>Year to date. For this dashboard, Financial YTD is based on the calendar year beginning January 1st.</td>
</tr>
</tbody>
</table>

Note: Financial PMPM costs, revenues and expenses are presented on a paid date basis, regardless of which year they were incurred.
CAC Members Present:
Brad Porterfield, Chair, Consumer Representative
Conor Carlsen, Consumer Representative
Elizabeth Schmitt, Consumer Representative
Elaine Knobbs-Seasholtz, Mosaic Medical
Ken Wilhelm, United Way of Central Oregon
Linda Johnson, Community Representative
Mandee Seeley, Consumer Representative
Mayra Benitez, Consumer Representative
Stacy Shaw, Consumer Representative
Theresa Olander, Consumer Representative
Tom Kuhn, Deschutes County Health Services

CAC Members Absent:
Miranda Hill, Klamath County Public Health
Natalie Chavez, Jefferson County Health

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
Camille Smith, Central Oregon Health Council
Renee Wirth, Central Oregon Health Council

Support & Guests Present:
Kristen Tobias, PacificSource
Rebecca Donell, Oregon Health Authority
Tania Curiel, Oregon Health Authority
Buffy Hurtado, PacificSource Tribal Liaison
Marina Cassandra, Oregon Health Insurance Marketplace
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
- Elaine Knobbs-Seasholtz read the Land Acknowledgement (see June packet for statement).

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

Announcements
- Brad Porterfield thanked Ken Wilhelm for his service and dedication to the CAC and wished him the best for his retirement.
- The emerging issues agenda item will resume in August.
- Reminder: The CAC is taking a summer break so there will be no meeting in July.

Public Comment/Patient Story
- Brad welcomed public comment.
- Brad Porterfield wanted to call out and celebrate that the Healthier Oregon program is starting July 1st. Brad has asked the COHC Board of Directors to consider drafting a letter making sure that the legislature knows that we want all people in Oregon covered and to receive benefits.

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

CAC Member Small Group Breakout Session
- The topic for the June meeting was: Do you have any summer vacations or activities planned?

2022 Community Health Projects Process
- MaCayla Arsenault reviewed the changes that were made from feedback at the May meeting and sub-group meeting.
  - Letter of Interest now called the Pre-Application
  - Clarify that it is a 2-step process (Pre-Applications & full Application)
  - Simplified and changed language of some questions to provide more clarification
  - Ask how the people served by the project are involved in the planning and carrying out of the project
  - After consulting with Buffy Hurtado: re-design the “Serving Tribal Members” section to help understand who the CAC is working with (Tribal Nation, Tribal
Member, Tribal Community, or Tribal Citizen) and for organizations to specify their working relationship with the Tribal Nation

- Brad Porterfield asked about giving more time for applicants to fill out the Pre-Application. MaCayla agreed to look into the timeline and see if that will work out better for organizations.
- Buffy Hurtado asked if the CAC would like to see pictures of the shelter and call center in Warm Springs. Buffy will share at the August meeting.

Healthier Oregon – Oregon Health Plan
- Rebecca Donell, Innovator Agent with the Oregon Health Authority presented on Healthier Oregon, Better Care for More People. 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.
- Rebecca informed the group that Dustin Zimmerman will be transitioning into the Innovator Agent position to support PacificSource CCO.

Regional Health Improvement Plan Progress Report Review
- In a pre-recorded presentation Rebeckah Berry shared the progress of the Regional Health Improvement Plan and where to find the data. There are 2 sites to find more information on the Regional Health Improvement Plan (RHIP):
  - [https://www.centraloregonhealthdata.org/](https://www.centraloregonhealthdata.org/)
  - [https://cohealthcouncil.org/](https://cohealthcouncil.org/)
- Rebeckah shared that the Central Oregon Community Needs survey was just launched and asked that the CAC members help with getting it out into the communities. She can have flyers printed that can be shared with community members. The survey and flyers are available in English and Spanish.
RHIP Final Report for Council on Aging of Central Oregon
“Establishment of Community Center Garden”
Reviewed by the Address Poverty Workgroup

Summary of Results:

- This project will engage older adults in the science of growing and nurturing edible fruits and vegetables, addressing food insecurity by educating elders in tending their own gardens, creating relationships with those participating in the process, and through one-on-one learning, generating nutritious produce for client meals.
- The grant was successful in that we purchased the ADA-accessible elevated planting beds, and we have just recently finished the demolition of the concrete in the area.
- Next steps are repositioning the existing fence, leveling the area, and installing the pavers.
- This phase will also include some additional plumbing and irrigation enhancements.
- We are looking forward to a full implementation of this project in the spring and early summer of 2023

Quote:

“We are committed to this project and are in the process of hiring a Program Manager that can keep on top of the nutrition education and volunteer aspects of the garden project. We have been working diligently to complete the building renovation and have been very fortunate to have secured the final funding for both the building and the garden project. The COVID epidemic has impacted all aspects of this project; construction delays, materials and supply chain delays, employee turnover, inability to meet in person.” -Steven Remington
RHIP Final Report for High Lakes Elementary, Bend
“High Lakes Bridges to Youth Transition Room”
Reviewed by the Address Poverty & Enhance Self-Sufficiency Workgroup

Summary of Results:

- A BRYT (Bridges for Youth in Transition) room was created at High Lakes Elementary called the Cove.
- The Cove is the room that was furnished, staffed, and provided the space for services for students and teachers at High Lakes.
- Bend La Pine School District provided the physical space and FTE funding for the program.
- Official BRYT students utilized the Cove to learn self-regulation skills to integrate themselves into their general education classroom more.
- One student who has experienced significant trauma in her life spent approximately 90% of her time in the Cove during the first few months of school. Gradually, as she learned more skills, she reduced the time needed in the Cove. By the end of the year, she improved her regulation skills such that she spent only 5% of her time in the Cove.
- Unscheduled visits by unofficial BRYT students occurred daily in the Cove. There were approximately 30 visits a month in which students came to the Cove needing a break. Approximately 90% of the time students indicated they were out of the ‘red zone’ when they left the Cove.
- Scheduled visits occurred daily or weekly for 18 students. Educational materials were used and specific lessons about self-regulation, mindfulness, self-care, and problem solving were taught with these students.

Quote:

“We are so grateful for this grant which supports our most vulnerable students and gives them an opportunity to learn skills that will help them succeed and become productive members of the Central Oregon community. The progress some students made is remarkable!”

*Order of projects is by final report submission date* Published July 2022

COHC Board of Directors | 30
August 11, 2022
Summary of Results:

- Bridge for Youth in Transition (BRYT) is a research-based program designed to support students who have become disengaged with school due to mental health crisis, a physical health extended illness and/or significant trauma in their lives.
- There are three key elements in the BRYT program.
  1. Space – the program requires an open and welcoming classroom near an exit.
  2. Services – the program will offer clinical and academic support as well as opportunities for collaboration with school staff, community resources and family members.
  3. Staffing – at least two full time caring adults specializing in clinical and academic support.
- The school district is provided the physical space along with the program elements of services and staffing.
- COHC grant funds helped to create a space in which students can feel safe, learn to regulate, and work on academics in a therapeutically supported environment.
- Combined with staffing and therapeutic services, the BRTYT space became a safe and welcoming place that students could turn to when needed.
- We served eleven students this year.
- All students showed growth in their ability to regulate and therefore access more of their academics.
- Two of the students showed enough progress to no longer need the program, and after graduating this year, will be in their general education classrooms full-time next year.
COVID-19 Final Report for COCC Addictions Studies Department
“Addiction Studies Scholarship 2021-2022”
Reviewed by the Address Poverty & Enhance Self-Sufficiency Workgroup

Summary of Results:

- The COHC funding provided scholarships for COCC students specifically pursuing their degree in Addiction Studies or Human Services.
- There were four students who benefited from this scholarship in the 2021-2022 academic year.
- Each student received a portion of the funding.
- Funding was distributed based on need.
- All four students are working toward their goal of becoming Certified Drug and Alcohol Counselors (CADC).
- There is a lack of CADC’s in Central Oregon.
- At a recent Advisory Board meeting every agency shared that they needed to hire CADC’s and had been for some time.
- There is a growing need in the community likely due to several factors. One, due to the pandemic and increasing numbers of people seeking treatment services.
- Two, theoretically, funding from ballot measure 110 coming to treatment centers. Three, due to housing costs, people cannot move from out of the area to live in Central Oregon to work at a living wage job (one must already live here).
- All four students identify as being in recovery which often poses a challenge in finding a job (due to stigma and discrimination). While this is not true in substance use treatment employment, it is true in many other fields.

Quote:

"This will help relieve so much stress that I have carried towards being able to afford tuition and books. Although I may not be able to achieve financial stability quickly, this is a hand up towards earning my degree and working towards a better life. College always seemed like a far-off dream, unachievable, and simply not in the cards for me. Once I was able to start, it just felt right to be bettering myself and pursuing an education."

*Order of projects is by final report submission date

Published July 2022
RHIP Final Report for Buckingham Elementary, Bend  
“Bridges to Youth Transition Room at Buckingham - The Ranch”  
Reviewed by the Upstream Prevention Workgroup

Summary of Results:

- This project supported the set-up of 2 spaces for a new program in the Bend La Pine School district.
- We furnished and bought materials for 2 rooms that offered a connection and regulation space at Buckingham Elementary School for Tier 2 and Tier 3 behavior students in our school.
- The results of this project turned out to be 3 new spaces furnished with a variety of regulation tools from rocking chairs to art supplies.
- We were able to supply students in mental health crises and learning challenges a safe place to come and regulate before returning to their general education classes.
- Connections and community were built amongst students and staff.
- Students who had anxiety, feelings of loneliness or other health impairments at school found a community in which they were welcomed and accepted no matter how they were feeling.
- We built relationships with families and connected them with services in our community.
- Some students were able to regulate and return to class and keep up with the academic demands of this challenging school year.
- Others were able to stay in school so that we could get them 504’s and Individualized Education Plans (IEP’s) to offer them support in their future middle schools.

Quote:

“In a year of students returning to school under stressful life circumstances for a variety of reasons the Ranch provided kids a safe place to be heard and share their feelings. Students, Families and teachers shared with us the importance of our support for students and their families and how appreciative they were for our community and space.”

*Order of projects is by final report submission date*  
Published July 2022
RHIP Final Report for Summit High School, Bend
“Summit High School Bridges to Resilient Youth Trailhead
Reviewed by the Address Poverty Workgroup

Summary of Results:

- Bridge for Resilient Youth in Transition (BRYT) is a research-based program designed to support students who have become disengaged with school due to mental health crisis, a physical health extended illness and/or significant trauma in their lives.
- Within the BRYT Program, students are offered an adapted academic structure, a highly supportive environment, and specific policies and practices to promote good mental health and academic success.
- A focus of the BRYT Trailhead is to increase high school graduation rates of at-risk students, many of whom are economically disadvantaged.
- Students are provided both a mental health and academic counselor for support and services are provided both long-term (daily for some) as well as on a drop-in as needed basis for others.
- Students have access to free food throughout the school day and to take home if needed.
- The Summit BRYT Trailhead program was fully launched in September 2021, and it has been instrumental in providing educational access and therapeutic support to students with a variety of mental health and academic needs.
- We have 32 students scheduled to access the BRYT/Trailhead space daily (including 14 students in transition to/from mental health residential facilities).
- We had another 890+ students drop in to receive services such as crisis management, academic support, mental health support, and food services.
- 28 of our 32 scheduled students (88%) had a successful fall semester (earned at least 5 credits) and will maintain their track towards graduation.

Story:

Bryce and Melody were two students who both struggled with school avoidance. They resisted leaving their houses and their caregivers were at a loss. Through support from the BRYT Program they both began to engage in their classes and attendance improved. We still communicate with their families and continue to support them. Bryce is finishing the semester with A’s and B’s and almost no unexcused absences. Melody is finishing with greater success this year than she has in the past.

*Order of projects is by final report submission date
RHIP Final Report for La Pine High School
“La Pine High School Bridges to Youth Transition Program (‘Zen Den’)”
Reviewed by the Behavioral Health Workgroup

Summary of Results:

- The Student Success Program at La Pine HS is a comprehensive intervention tailored to meet the needs of high-risk individuals.
- We developed a special classroom space (“Zen Den”) based on the principles of BRYT (Bridge for Resilient Youth in Transition) to help with re-entry and reintegration following an extended absence or if a student fell behind due to medical or mental health challenges.
- Students can also be referred for behavioral problems that are preventing them from participating successfully in general education classes.
- During the 2021-22 school year, the BRYT Room served a total of 25 students who had been referred for a variety of reasons including anxiety, school avoidance, and behavior concerns and they participated/enrolled for varying lengths of time.
- BRYT services included providing regulation space, SEL support and academic assistance - helping students keep up with course work and successfully earn credits.
- Looking at all 25 BRYT students, they earned an average of only 3.65 credits during the year, but much of this was due to several students who unenrolled for various reasons.
- BRYT students who were enrolled in the program for the entire year earned a much higher average of 6.125 credits!
- Enrolled students also showed an increase in prosocial behavior as evidenced by fewer students needing school behavior interventions (16 the previous year to 6 this year). In addition, the number of behavior interventions per student also decreased.

Story:

Student B had a background of extensive trauma, school behavior problems and contact with the juvenile justice system. B had difficulty behaving in class, was not able to focus/comprehend the academic material and was failing every class. B attended BRYT one period a day and used BRYT as an emotional regulation space as needed. With the help of community-based counseling and psychiatric medication, B was able to attend all their general education classes and passed them with C’s or above.
Summary of Results:

- The COHC mini-grant funded furniture and equipment for Pine Ridge Elementary's Student Success Program or SSP (Formerly known as BRYT at the initial application time).
- Pine Ridge's SSP, nicknamed The Den, provided students a safe place within the school to learn to regulate emotions and master expected behavior through coaching, teaching and sharing of tools.
- The result was students were more regulated and able to stay in the regular classroom longer and on a more consistent schedule because they could self-manage more often.
- The Den became a place for students to regroup and calm down throughout the school day.
- The benefit of having The Den and Den staff available to students throughout the school day helped students stay regulated, safe and able to return to class to learn.
- Ms. Alicia, our counselor was able to do one-on-one groups, small focus groups, large group instruction and be available for crisis moments. The benefits of her work showed in a drop in chronic behaviors by students struggling to regulate, as behavior incidents dropped for several of the students she regularly met with.

Story:

The Den allowed our school team to reach out to a student and family in severe need of resources. The student became a daily visitor to The Den for a calm break. During these calm break sessions, Ms. Alicia (the counselor) and the student would talk about life. The student often mentioned struggles happening at home with food and resources to access medical care. Ms. Alicia was able to work with our FAN advocate, Shelli Peters, to reach out to the parent and begin the process to connect them.
RHIP Final Report for Bend High School
“Bridges to Resilient Youth for Bend High School”
Reviewed by the Address Poverty Workgroup

Summary of Results:

- The BRYT Program was implemented at Bend HS as a Tier 3 intervention for students who have experienced a gap in attending school due to mental or physical health reasons (e.g., hospitalization, inpatient treatment, etc.).
- The BRYT Room is staffed with two full-time adults, both trained in trauma-informed practices and DBT.
- During the 2021-22 SY, the Bend HS BRYT program served a total of 70 students in a variety of capacities ranging from full-time intensive supports after exiting a treatment program to short-term drop-in assistance for regulation or attending a group.
- Students needing full-time support received daily academic and mental health services, regular communication with their school team and guardian(s), bi-weekly meetings to create goals and assess progress, weekly counseling check-ins, coordination with teachers, and monitoring of grades and attendance.
- Students had access to the BRYT Room when dysregulated and in need of support as they slowly transitioned back to attending all of their classes.
- Drop-in students could utilize materials in the BRYT Room to regulate as needed.
RHIP Final Report for R.E. Jewell Elementary, Bend
“R.E. Jewell Elementary Bridges to Resilient Youth Transition Cub Cave”
Reviewed by the Address Poverty Workgroup

Summary of Results:

- Implementing the BRYT program at Jewell included creating a safe space for regulation, counseling, social-emotional skill building, and student support for students demonstrating disruptive behaviors in the classroom, or who were experiencing mental health challenges, past or ongoing trauma, or lagging skills in areas of social-emotional learning.
- The BRYT program at Jewell served 6-8 students at a Tier 3 level. These were students who needed the most intensive and ongoing supports throughout the day including some who needed constant monitoring all day long as they were not safe to themselves or others independent of BRYT staff supports.
- The BRYT room and staff also served anywhere from 40-50 additional students throughout the year at a Tier 2 level. These were students who might have needed temporary supports, less intensive supports, participated in counseling check ins, or accessed small groups in the BRYT room.
- For some students, attendance increased because of parent/teacher/BRYT meetings and interventions highlighting the need to be on time, and to attend. Because these students experienced more regulation at school, had connection to safe and trusting adults and a safe place to be outside their regular classroom, students felt more comfortable with school and built a better connection to their learning.

Story:

Multiple staff members at Jewell mentioned that without the BRYT program, they would have been struggling to serve their students which means their students would have struggled. Other staff mentioned that not only is the BRYT space supporting students, but it’s also supporting staff through Friday staff circles, which take place there. The ripple effect of regulated staff members and students means that more of the school community are regulated, and thus more responsible citizens.

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

- We have five official BRYT students who have priority to the space and scheduled time with BRYT staff.
- We also have five students who are on our referral list that use the BRYT space when available for breaks and work time.
- Our goal for our students was that they were in class for class lessons and then the BRYT space could be used for work/break time.
- Some of our students spent the morning with support in the classroom and finished the rest of the day in the BRYT space.
- As students gained more skills and become more successful in the classroom their time in the BRYT space became less which opened space for those students on our referral list.
- We met as a team (administration, school psychologist, and Student Success Coordinator) every two weeks to review student schedules and needs.

Quotes:

“Students who are loved at home come to school to learn, and students who aren’t, come to school to be loved.” - Nicholas Ferroni (Note: this is an outside quote that guides the work of the BRYT Team)

The BRYT spaces across the district were places for students to come to feel safe, be heard, feel loved, and know they were cared for. (Note: this is a comment from a grateful parent)

*Order of projects is by final report submission date
RHIP and COVID-19 MINI-GRANT PROJECT SUMMARIES

RHIP Final Report for Caldera High School, Bend
“Bridges to Resilient Youth Transition at Caldera High School”
Reviewed by the Address Poverty Workgroup

Summary of Results:

- A total of 30 students were served by The Path At Caldera “PAC” team during the 2021-22 SY.
- Originally, the program was designed to be a short-term intervention, but we ended up spending a lot more time on teaching of basic coping and social skills and quickly learned that “exiting” students successfully would become feasible only when Caldera HS has additional student supports and interventions in place as a “step down.”
- As a result, the majority of the original PAC students maintained involvement with program for the full year.
- Students were identified/enrolled who had extended absences or disengagement from school plus others who had been expelled from other programs, been out due to juvenile justice involvement, and other behavior-related non-attendance.
- Once enrolled in PAC, each student received services based on their individual needs. All but one student was able to reengage in school to a satisfactory level and build school-related skills needed to move forward.

Story:

Many of the students served by PAC had become severely disengaged, no longer really saw themselves as students, and were on the verge of dropping out of school. The Path at Caldera assisted in meeting their basic needs, building personal and school skills and giving them a safe place throughout the school day so they could find success again. This small investment in 30 kids kept them engaged with education, personal growth and will assist them in becoming thriving citizens in the future.

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

- In the first year of our Student Success Program, we directly supported seven students.
- Four were identified as needing the Student Success intervention and the other three used the room as more of a Tier 2 break space.
- I also impacted an entire grade level (100 students) with regular recess support. Students reported that The Den helped them to become more regulated and that visiting The Den helped them be more successful in class.
- So far, the success has been co-regulation as students report that they are still struggling to independently use the skills and strategies learned in the Program to help them when they are feeling dysregulated.
- We did not have a very good tool for tracking how much time was spent out of class (priority for next year).
- Also, in the first year of implementation, more time was spent out of the general education classroom to be in The Den learning regulation skills and strategies.

Story:

Another student receiving the intervention had chronic recess issues. They simply could not solve problems with peers in any way other than yelling at them or getting into physical altercations. I attended all their recesses with them and taught them specific problem-solving skills when they were in The Den. Then they were able to use those skills to walk away or stay calm when disagreements arose. For the three students with anxiety who came to The Den as a break space, I worked diligently to build a positive, caring relationship with each student. They would come to The Den once or twice a day to calm down, follow a break routine, and then head back to class. All three reported that visiting The Den helped them be more successful in their class.
RHIP Final Report for Rosland Elementary, La Pine
“Rosland Elementary BRYT Program ("The Galaxy")”
Reviewed by the Behavioral Health Workgroup

Summary of Results:

- The Galaxy provided Tier 3 supports for a total of eight students throughout the school year plus Tier 2 supports to an additional 30 students when time and staffing allowed.
- Our main priority was serving Tier 3 students, but we provided proactive supports to some of our Tier 2 students so their needs were met, and they could gain the skills to be successful in their classrooms with their peers.
- Our eight core students came from many different starting points.
- Two students came from a district full-inclusion behavior classroom placement, one student returned to school after a long absence from a school setting (home school), two student’s need were triggered from a massive trauma outside of school and a few others’ needs became more intensified with the struggles of attending school and navigating daily life in a Pandemic.
- Overall, our engagement with families increased and was positive and we were able to guide and assist families to outside resources and programs.

Story:

One of our students whose family struggled to get the student to school (school arrival often looked like hitting, kicking, screaming, and running away) shared with us in his final weeks he was getting out of bed to his alarm clock, getting dressed, fed, and waiting for his ride all on his own! It was even mentioned that he would skip into the building. The BRYT Program was directly linked to this student’s increased self-confidence and motivation within the school setting.
RHIP Final Report for North Star Elementary, Bend
“North Star Elementary Bridges to Resilient Youth Transition Room”
Reviewed by the Address Poverty Workgroup

Summary of Results:

- We initially proposed grant funds to fully fund our BRYT program, which supports our most underserved population with materials and supplies, resources, along with curriculum for instructional purposes.
- Later in the school year our leadership team identified a need to support students with emotional regulation needs throughout the learning day.
- We launched Polaris, which provided students with scheduled and on-demand regulation breaks.
- We utilized North Star employees to staff this regulation space but needed additional material that were similar to our BRYT space.
- Both our BRYT Program and Polaris regulation intervention increased Social-Emotional Learning skills, reduced minor and major discipline referrals, along with enhanced academic learning opportunities, particularly the following:
  1. time on-task to instruction,
  2. work completion, and
  3. greater desire to collaborate with peers.
- End of year reports and staff surveys showed improved support and skills for students that were targeted in both the BRYT and Polaris programs.
- School community members (i.e., parent volunteers, PTO officers, district officials) all reported increased desire to emulate our intervention programs into their building.

Story:

A 3rd grade student with Autism Spectrum Disorder became physically aggressive towards students and staff in November. He was new to North Star and was being supported by our learning special education team. Our intervention team became concerned about how to best support him given his increased regulation needs. Our BRYT team formally supported him and identified a tiered intervention program. We are thrilled to report nearly completer education in aggressive behaviors due to our BRYT program.

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

- The Roost served 17 students of varying levels of need.
- Four students with low needs came on a drop-in basis.
- Thirteen students required a scheduled time to come for re-regulation or an alternate academic space (i.e quiet environment, 1:1 support).
- Of those 13, six students had significant behavior needs and were supported multiple times each day.
- Of those six were two students with diagnosed medical conditions, one student in foster care, two students experiencing ongoing trauma at home, and one being evaluated for a learning disability.
- Upon arriving, all students use an iPad to check in and let us know what “zone of regulation” they are in.
- For drop in students, they choose a timer, work with an adult to pick an activity, and return to class when time is up.
- For others, Roost staff makes a plan WITH students that includes regulation activities, academics, and meeting basic needs like eating and sleeping.
- Time out of class was reduced for each student that was served by BRYT.
- 85% of students who participate in the Elk Meadow ES BRYT Room for at least 8 weeks during the 2021-22 SY will show a 25% increase in physical activity as measured by BRYT data (ped trackers).
- Based on Roost and school attendance data, BRYT students were able, on average (i.e. not every student), to increase fruit and vegetable consumption by over 25%.

Story:

Our most complex student – exhibited both medical and emotional needs – was able to make significant progress with BRYT support. They spent extensive planned time in The Roost, focusing on self-regulation and academics. In addition, staff was able to support them in class. Without BRYT, they would have needed a more intensive program, which are rare in Central Oregon or at capacity. Their parents reported that they don’t know what they would have done without support from the BRYT program.

*Order of projects is by final report submission date

Published August 2022
RHIP Final Mini-Grant Report for Cascade Middle School, Bend
“Cascade Middle School Bridges to Resilient Youth Room”
Reviewed by the Address Poverty and Physical Health Workgroups

Summary of Results:

- Throughout the school year we served a variety of students in grades 6-8, including 13 who were formally “in the BRYT Program” and came on a daily/regular basis plus another 25 students who, although not formally in BRYT, nonetheless accessed the space for regulation, work time or check ins.
- When students entered the BRYT space, they were asked to check in with an adult who could then help them find a space to regulate or offer a check in/problem solving conversation.
- We offered snacks, although we required students to complete some work, attend 15 minutes of class and bring work back before getting a snack.
- We often took students on walks to regulate, and or just to get movement.
- Our location provided us with the opportunity to walk around the track and or take them down to Skyline Park.
- We started implementing going to the park on Fridays as an extra motivator and movement break.
- Bend La Pine Nutritional Services provided consistent meals for all our BRYT students along with making available a variety of healthy snack options (fruit or vegetables). Students were eating healthier by the end of the year.

Story:

One student started the year only accessing two classes (a TA for art and their BRYT class). Through the combined support of the BRYT team/space, other students, family, and community collaboration, by the 2nd semester, they were attending four academic classes and one BRYT period!

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

- The Pacific Crest Middle School BRYT Trail Program served seven Tier 3 (highest level of need) students for the entire school year, and in the second half of the year when we had capacity to adjust and expand, we served an additional 14 Tier 2 students.
- Tier 3 students were those experiencing more acute and impactful mental health struggles and really benefitted from academic coordination and supports as well as family and community coordination and supports.
- Tier 2 students primarily benefitted from academic coordination.
- In addition, all students served benefitted from the welcoming and calming space, regulation activities and breaks, individual goal setting, free snacks and/or meals, and positive human connection.
- Students, families, and school staff felt the positive impact provided by the BRYT Trail Program.
- As measured by pre- and post-physical activity surveys, our BRYT students increased their understanding of the benefits of physical activity leading to improved emotional wellness.
- 100% of Pacific Crest MS students exiting inpatient or outpatient health facilities were referred to the Pacific Crest MS BRYT Trail Program. All students accessing the BRYT Program had improved school attendance.
- Students who had been or were currently enrolled in the Pacific Crest MS BRYT Trail Program elevated their skill of preparing/choosing nutritious and delicious snacks or meals and increased their fruit/vegetable intake by 1.5 servings per day.

Quotes:

“Because you were here, we made it out the other side. Thank you.”

“Before the year gets away, I just wanted to thank you for all the rescue help with M at the end of this school year. I appreciate the stabilizing effect that you were able to have on her. Most of all, thank you for keeping her safe during this confusing time. I am grateful!”

“Thanks for your help this year. My school year was so much better because you and The Trail were here. I am going to miss this. Can I give you a hug?”
RHIP Final Mini-Grant Report for Mountain View High School, Bend
“Mountain View High School Bridges to Resilient Youth Room”
Reviewed by the Address Poverty & Enhance Self-Sufficiency Workgroup

Summary of Results:

- Over the course of the 2020-21 school year, 42 students accessed the MVHS BRYT Program in some capacity.
- Nine students were returning to school following hospitalization, and the remaining 33 students accessed the space during their scheduled class and as needed.
- Some students accessed the space when they were experiencing high anxiety, some when they were starting new medications and felt ill, some when they were experiencing depression, and some when they needed support for their academics.
- Overall, the program was extremely successful in helping to support student mental health, improve attendance and raise academic performance.
- All nine (100%) of the Mountain View HS students exiting inpatient or outpatient health facilities were referred to the Mountain View HS BRYT program and provided services.
- With help from the District’s Nutrition Service Program 100% of our BRYT students had access to two healthy meals per day.

Quote:

“You have done so much for your students, including myself. You are one of the primary reasons I come to school. At my old school, I was constantly absent for my mental health but having you, this class, and your students have made me feel so welcome. Without you, this school year would’ve been much harder. You created a safe place for so many people. You will be missed. Thank you for everything.”
RHIP Final Mini-Grant Report for St. Charles Health System
“Purchase Frio Insulin Cooling Cases”
Reviewed by the Promote Enhanced Physical Health Workgroup

Summary of Results:

- We purchased 50 FRIO insulin wallets to distribute to patients admitted who required the use of insulin and experienced unstable housing.

- We distributed all 50 of them to inpatients across the four hospitals (Bend, Redmond, Prineville, Madras).

- Last summer prior to the heat wave several were distributed to each emergency department manager for them to distribute as needed.

- This small thing can have big impacts for those living without consistent electricity and refrigeration.

- Everyone that received a Frio insulin wallet was happy to have it.

Story:

We had a young man living with type 1 diabetes who was admitted last summer in the Redmond hospital with DKA (diabetic ketoacidosis). DKA occurs when not enough insulin is present in the body, which was the case with this patient. He was not from the area and was stranded here until he could find a way to get back to Colorado. He frequently lived on the streets or couch surfed. We gave him a Frio insulin wallet to store his insulin in and he was very excited. He’d heard about them before but didn't have the money to buy one.
RHIP Final Mini-Grant Report for Bend Tech Academy
“BRYT Focus at Bend Tech Academy”
Reviewed by the Address Poverty & Enhance Self-Sufficiency Workgroup

Summary of Results:

- The BRYT Focus Room served students daily (1-15 students per day).
- Most students utilized the room as a place to self-regulate and took a 10-15 minute reset break.
- Some students needed a longer reset, and after a conversation with the counselor could continue to use the room as a short-term space to work or regulate for an entire period or sometimes two.
- This room really helped students learn to regulate, taught students self-intervention techniques to preempt escalating behaviors, and normalized big emotions and a private place to process feelings.
- The BRYT Program served 12 students during the school year, and 11 of the 12 earned at least 5 credits during the school year.
- All students were appropriately referred, and they all received Free and Reduced meals.
- Students who were referred to BRYT checked in when appropriate, received academic coordination, emotional support, family engagement, and care coordination.

Quote:

“This new resource (BRYT Program) allowed us to serve students in a really innovative way that supports them in the transition back to school and allows them to better stay in school during times of temporary crisis or challenge. It made a noticeable difference at the school this year!”
RHIP Final Mini-Grant Report for Sky View Middle School, Bend
“The Crest at Sky View Middle School”
Reviewed by the Address Poverty & Enhance Self-Sufficiency Workgroup

Summary of Results:

- The Crest served a total of 26 students during the 2021-22 SY, including ten 8th graders.
- When students came to the BRYT Room they were provided with the following: academic support, anxiety-ease support, a quiet place to reset, and conversation with trained, compassionate staff to break-down barriers and resolve issues.
- All students who received services either increased academics, attendance or prosocial behavior and all are moving on to next grade level.
- Every 8th grader has a documented BRYT Plan that was developed by the Student Success Coordinator to provide transition support to High School BRYT staff and counselors.
- Finally, the Student Success Coordinator always communicated with parents to get approval before a student accessed BRYT and kept in constant communication with parents during their time in BRYT.

Story:

A student supported in Crest struggles with high anxiety and emotional disturbance. Through the support and interventions provided in Crest thry stated, “before being here my old self wouldn’t know how to handle my emotions and now I have learned tools, like breathing tools to reset.” We have seen students who are supported in Crest increase emotional intelligence, school attendance and peer/teacher relationships.

*Order of projects is by final report submission date
Published August 2022
RHIP Final Mini-Grant Report for REALMS Middle School, Bend
“Realms Middle School BRYT Program”
Reviewed by the Promote Enhanced Physical Health Workgroup

Summary of Results:

- The Realms MS BRYT space recorded 758 total visits, 60 of which were unique student visitors (meaning nearly 42% of the student population used the new BRYT space this year!)
- The most frequent reason students came to the BRYT space was to help with regulation.
- The top five student users came three times a day (on average), set a ten-minute timer, did an activity (e.g., colored a sheet, played with magnetic fidgets, had a conversation with an empathetic adult), and then went back to class “ready to learn.”
- The next highest category of users came for academic work in a quieter environment to foster focus.
- These students showed both an increase in work completion and their time on task over the course of the school year.
- All students who used the space saw an increase in academic performance and their ability to tolerate stress in the classroom.
- Knowing they could “take a break” at any time fostered confidence and independence in learning more about themselves as students.
- We had 86% of students self-report an increase in physical activity by 25% or more.
- 100% of students in the BRYT Program had access to breakfast and lunch without charge. Additionally, students could come into the BRYT space anytime of the day for additional healthy snacks.

Story:

We had a 7th grade student who came to the space every morning to say hello and multiple times a day to get a drink of water. The previous year, they had several dysregulating experiences and would run from the classroom and sit by a tree and cry. This year was different. They were more mature and invested in the BRYT space systems and trusted the staff. We labeled a drinking glass with their name on it, and they used the space regularly and did not “bolt” from the classroom a single time this year.

*Order of projects is by final report submission date

Published August 2022
COVID-19 Final Mini-Grant Report for Crook County Health Department
“Vaccine Distribution Equipment”

Summary of Results:

- The project purchased tactical radios, chargers, and external mics for staff and volunteers to use during COVID-19 response - specifically at mass vaccination clinics.

- We were able to purchase eleven (11) radios, fifteen (15) external mics, two (2) charging stations, thirteen (13) glove straps, and associated programming software and hardware.

- After Action Reports for CCHD COVID-19 response activities do note that communication was adequate and supported safety, efficiency and quality customer service. It should be noted that these positive reports cannot be associated with new radios.

Quote:

“This project focused our attention on meeting a need in response to feedback - we identified that increased communication resources were needed in order to effectively and efficiently operate mass response events. The funding provided by this grant allowed us to response to this identified need and give us the capacity to better respond in the future.” – Katie Plumb, Crook County Health Department Director
Summary of Results:

- During the 2021-22 SY, a total of 12 students accessed the Bridges to Resilient Youth Trail (BRYT) Room for a full intervention/modified half day schedule and another 33 students utilized it for 1-2 periods as needed throughout the year.
- These students typically suffered from extreme social anxiety, depression and/or a recent concussion.
- The BRYT room is detached from the regular school building, providing a safe place for them to share their feelings, fears and challenges and partner with us to create a schedule that worked for them.
- They also learned new coping skills and practiced the new SEL strategies they learned in the BRYT Room.
- Overall, we saw a huge improvement in both attendance and academic performance because these students felt heard and cared for.
- We celebrated the small wins every day that they showed up for school no matter what time they arrived, and gradually, these students learned new routines and made small changes daily to create new healthy habits that helped them come to school regularly.
- We had five 8th graders in BRYT and all made significant progress. Four of them left MS on track to graduate HS and one made great strides socially/emotionally but was still struggling academically. We are linking him up with the HS BRYT program.

Story:

On the first day of school, we had an 8th grader who refused to even step into a classroom. They had a lot of social anxiety brought on by COVID and family trauma. They were initially shut down and very angry, but they enjoyed the calm environment and showed an interest in yoga and meditation. After 4 months we eased them into an advisory class and a math class (we shadowed them, so they knew they weren’t alone). By the end of the school year, they came to BRYT one period per day and attended a full schedule.
RHIP Final Mini-Grant Report for REALMS High School, Bend
“BRYT for REALMS High School”
Reviewed by the Address Poverty & Enhance Self-Sufficiency Workgroup

Summary of Results:

• During the 2021-22 school year the Realms HS BRIDGE program (BRYT) served 11 Tier 3 (highest level of need) students who worked through a 10-week schedule to recover credits, work on current coursework, and re-enter in person classes.
• We also served another 30 Tier 2 (middle level of need) students, with a checkpoint and safe space to rest or work during their open block or as a designated class period.
• For these students, we provided parent and teacher communication when necessary and hands on assistance with graduation preparation tasks.
• Finally, we served an estimated 75 Tier 1 (lowest level of need) students with schoolwide drop in re-regulation as well as problem solving, conflict management, and scheduled breaks.
• All students in our program received free meals this year.
• All our BRYT students were appropriately referred, and we had to turn away a lot of referrals because the demand was so high with only limited resources.

Story:

We had a 10th grader with zero credits who had missed the last 2 years of school due to family crisis, bullying, and anxiety. They came to us in January, beginning extremely timid and reserved, but they got comfortable quickly, acclimating to the pace of the school and connecting with support staff. They were able to prep for and take 2 of the GED tests for credit recovery, take a mindfulness course and complete Algebra 1! They will reenter next school year on track as an 11th grader!

*Order of projects is by final report submission date

Published August 2022
Summary of Results:

- Pilot Butte Middle School was able to establish an exemplary tier 3 program within the Bend La Pine School District to support students struggling with major mental health symptoms and traumatic life events become (and stay) connected and engaged with their school and education process.

- Students who were enrolled in the program demonstrated higher engagement and connection to school, improved attendance, and for some, an improvement in grades and intrinsic motivation for academic success.

- For all students enrolled in this Tier 3 support, students and families reported the program being "lifesaving" and a form of suicide prevention for students who have demonstrated a history of suicidal ideation and hospitalizations.

- All students enrolled in the Bridge (also known as BRYT) program received mental health education and skill building, substance use education and intervention, as well as Dialectical Behavioral Therapy skill building.

- All students enrolled in the BRYT program experienced an increase in school attendance, engagement, and academic participation.

Reflection from a 7th grader:

“Miss Megan and the Bridge Program has really helped me throughout the school year. It has helped to prevent me from ending my life and helped me learn how to communicate and connect with other students. The program is like the light at the end of the tunnel. Because even if you’re in a dark place there will always be people in the Bridge room waiting to help. I believe more schools should have this program as a foundation for kids to connect and grow together.”

*Order of projects is by final report submission date

Published August 2022
RHIP Final Mini-Grant Report for Parousia Sri Ponya
“Recover Central Oregon & Out Central Oregon Movie Night & Panel Discussion”
Reviewed by the Substance & Alcohol and Upstream Prevention Workgroups

Summary of Results:

- We brought the film, "Wisdom of Trauma" to the Tin Pan Theater in collaboration with Out Central Oregon and Bend Film.
- After the film, we assembled and coordinated a panel of six people.
- The entire panel consisted of all LGBTQ and BIPOC members of our Central Oregon community.
- We met with each panel member separately, and then we brought the panel together for a Zoom call before the event.
- We were so humbled by the panel, that we asked each of the panelist to be on our Board of Directors.
- The whole panel (except for one person) has agreed to be our Board for our nonprofit and we are going to continue to educate Central Oregon community about substance use disorder, mental illness, trauma, and recovery through film, our content web portal and our schools and retreats.
- We are going to build culturally informed content with our Board of Directors to serve the BIPOC and LGBTQ communities in Central Oregon.
- The event sold out in less than two days.
- We created a safe space for a trauma-informed discussion with our panelists and the audience.
- After the movie, we asked the panelists a series of questions. It was such a rich conversation that illuminated how similar we all are.
- The audience expressed gratitude for bringing the film and the opening for the discussion to our community.
Summary of Results:

- The intended outcome was for BRYT (TRAILS) participants receiving interventions to successfully participate in classroom instruction and school activities and be a part of the community.
- Through this process of intensive attention, the participants in the program saw increased success in social situations, academic abilities, and emotional well-being.
- The BRYT (TRAILS) team also supported and educated the general education staff so they could best support these children and apply these new skills to other students as well.
- As their skills and confidence increased, the participants spent more successful time in the general education setting with limited or no outside support.
- As a result, the whole school community benefitted since before the intervention, the participants often created disruptive and sometimes dangerous situations for others.

Story:

The grandmother/caregiver of one of the participants was incredibly grateful for our support. At the start of the year, her grandchild was violent, angry, unpredictable, and dangerous to students and staff as well as their family. After participating in the BRYT (TRAILS) program, this student spent most of their time in their general education classroom happily playing and learning. At home they showed improvements as well. They learned skills for success and felt the love of being in a community.

*Order of projects is by final report submission date

Published August 2022