Central Oregon Health Council
Board of Directors Meeting Agenda

DATE  
Thursday, March 9, 2023

MEETING  
12:30–3:30 pm

LOCATION  
St Charles Prineville | 384 SE Combs Flat Road
To join via Zoom, register here for the meeting link:
https://us02web.zoom.us/meeting/register/tZwsdu6trTMiH9zQisWdA3zRR7flvhN34lg

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
<th>Action</th>
</tr>
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<tbody>
<tr>
<td>12:30–12:40</td>
<td>Welcome and Public Comment</td>
<td>Linda Johnson</td>
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<tr>
<td>12:40–12:45</td>
<td>Consent Agenda</td>
<td>Linda Johnson</td>
<td>Vote</td>
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<tr>
<td>12:45–1:05</td>
<td>RHA Update*</td>
<td>Miguel Herrada, Whitney Schumacher</td>
<td>Info &amp; discussion</td>
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<tr>
<td>1:05–1:25</td>
<td>RHIP Update*</td>
<td>Macayla Arsenault, Gwen Jones</td>
<td>Info &amp; discussion</td>
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<tr>
<td>1:25–1:40</td>
<td>Governance Update</td>
<td>Linda Johnson</td>
<td>Info</td>
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<tr>
<td>1:40–1:50</td>
<td>Pain Standards Task Force Report</td>
<td>Gary Allen</td>
<td>Info</td>
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<td>1:50–2:15</td>
<td>CCO Performance Metrics Follow-up*</td>
<td>Tricia Wilder</td>
<td>Info &amp; discussion</td>
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<td>2:15–2:35</td>
<td>CCO Health Equity Plan*</td>
<td>Bess Jayme</td>
<td>Info</td>
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<td>2:35–3:00</td>
<td>Connect Oregon</td>
<td>Kristin O’Connor</td>
<td>Info &amp; discussion</td>
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<tr>
<td>3:00</td>
<td>Adjourn</td>
<td>Linda Johnson</td>
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Consent Agenda
- February 2023 Board Minutes
- COHC October & November Financials
- St. Charles PEDAL Clinic Bridge Funding

*Required reporting

Written Reports
- RHA Update
- RHIP Update
- Board Job Description
- Board Self-Evaluation
- Executive Director Evaluation
- Executive Director’s Report March 2023
- Connect Oregon
- CCO Legislative Update February 2023
- CCO REALD Data January 2023
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 Time on February 9, 2023, at Central Oregon Community College in Redmond and online via Zoom. Notice of the meeting was sent to all members of the Board in accordance with the Corporation’s bylaws.

**Directors Present**  
Tammy Baney, Chair, COIC  
Linda Johnson, Vice Chair, Community Representative  
Patti Adair, Deschutes County Commissioner  
Gary Allen, DMD, Advantage Dental  
Paul Andrews, EdD, High Desert ESD  
Megan Haase, FNP, Mosaic  
Brad Porterfield, CAC Chair  
Kelly Simmelink, Jefferson County Commissioner  
Iman Simmons, St. Charles  
Justin Sivill, Summit Health  
Dan Stevens, PacificSource  
Rick Treleaven, BestCare Treatment

**Directors Absent**  
Seth Crawford, Crook County Commissioner  
Divya Sharma, MD, COIPA

**Guests Present**  
Kelley Adams, COHC  
MaCayla Arsenault, COHC  
Rick Blackwell, PacificSource  
Jeff Davis, MD, PacificSource  
Janice Garceau, Deschutes County Health Services  
Miguel Herrada, COHC  
Laurie Hill, COPA  
Lindsey Hopper, PacificSource  
Gwen Jones, COHC  
Carmen Madrid, COHC  
Sondra Marshall, St. Charles  
Kat Mastrangelo, Volunteers in Medicine  
Leslie Neugebauer, PacificSource  
Mike Richards, St. Charles  
Justin Samudio, PacificSource  
Elizabeth Schmitt, CAC
Tammy Baney served as Chair of the meeting and Camille Smith served as Secretary. 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**

Baney welcomed all attendees to the meeting and facilitated introductions.

**PUBLIC COMMENT**

Baney announced the following:

1. Board members are encouraged to attend meetings in-person, with a hybrid remote option.
2. A reminder that a retreat is scheduled for Thursday, June 8, 2023.
3. The Board planned to go into executive session at the conclusion of the meeting.

Linda Johnson asked to add an agenda item, to report from the CAC on the combined Board–CAC meeting. Brad Porterfield shared that he recently received an $1100 bill for lab work at St. Charles that wasn’t covered by his insurance, which he wasn’t informed about. Justin Sivill pointed out that the No Surprises Act requires providers to disclose out-of-network costs for supplemental services, adding that the EPIC platform has a payment calculator that can show estimated charges ahead of receiving care.

**ACTION:** Johnson will report from the CAC on the combined Board–CAC meeting.

**CONSENT AGENDA**

The consent agenda consisted of the November and December 2022 meeting minutes.

**MOTION TO APPROVE:** Gary Allen moved to approve the consent agenda; Patti Adair seconded. All were in favor and the motion passed unanimously.

**Q4 2022 CCO PERFORMANCE METRICS**

Tricia Wilder reviewed the CCO’s final performance metrics for 2022 in Quality and Member Experience, CCO 2.0 Requirements, Financial Stability, and Operations, each with two metrics. Six were in the green, on target, and two were yellow—they fell short but were expected to rebound. We achieved the first metric under Quality and Member Experience, reaching 11 out of 14 quality incentive measures (QIMs) for 100 percent payout, and met the challenge pool as well. The payout was estimated at $19.4 million. The second metric, a gap analysis of mental health services availability, showed that we still need to increase access rates and evaluate opportunities. We might not meet the IET QIM, as an example.

For CCO 2.0 Requirements, we exceeded the first metric—at least 50 percent of provider contracts in value-based payment (VBP) arrangements—and are at about 65 percent. The second metric was training and certifying up to 60 culturally and linguistically responsive interpreters, and 21 had passed training, with 12 now on the registry. To resolve bottlenecks, PacificSource was launching an in-house training program. There was discussion around the role of the interpreter—they are taught to translate exactly
what doctors say but can they also advocate for the patient? Unfortunately, if the translator conveys incorrect information, it becomes a liability issue, although they may provide clarification if needed.

Under Financial Stability, the CCO had achieved positive net income ($36.4 million ahead of a budgeted $11.4 million through November), in part due to the increase in membership, with more than 73,000 members ahead of a budgeted 71,000. The JMA shared savings through November was estimated at $9.4 million. The second metric was to achieve at least a 100 percent quality pool payout; more than 100 percent is expected.

In Operations, the first metric—closely monitor external quality review activities and meet compliance standards—was in the green. The second metric—meet an appeals and grievances resolution time of 30 days or less in 100 percent of cases—was in the yellow for Q4, with about 5 percent having been untimely. Wilder attributed this to staffing shortages and the need to separate grievances that have multiple action items and address them individually. They had hired and trained new staff, and the CCO will track dental and nonemergency separately next year.

Erin Fair Taylor added an update on redetermination, which will start in April and go through March 2024. July will be the earliest members will lose coverage. Central Oregon had one of the highest levels of growth among the CCOs and PacificSource is anticipating a decline, with the highest impact coming in 2024. They are front-loading members most likely to remain on the plan. Programs are being developed for the churn population, e.g., the Bridge Program, which Lindsey Hopper is sitting on. The estimate for membership reduction by December 2023 is 13 percent; they have no projection yet for 2024. As of January, Central Oregon had increased membership by more than 40 percent since March 2020.

2023 DRAFT CCO PERFORMANCE METRICS
Wilder presented the proposed 2023 CCO performance metrics with the same four areas and objectives. Next year, they plan to request input from the Health Council Board chair and executive director. Johnson recommended having the CAC provide input as well since they are the members.

The first metric for Quality and Member Experience is to meet 11 of 15 QIMs for 100 percent quality pool payout. The new upstream QIMs won’t be measured this year, so four out of 15 won’t be counted and achieving 11 would give us 100 percent. The second metric is “Percent of members with a mental health service need who received a mental health service.” OHA hasn’t set a state benchmark yet, but the CCO is tracking performance and aims for a 3 percent improvement. “Mental health service need” describes (1) receipt of any mental health service encounter meeting the numerator service criteria in a 24-month identification window; (2) any diagnosis of a mental illness not restricted to primary in the MI diagnosis code set in a 24-month identification window; (3) receipt of any psychotropic medication listed in the psychotropic NDC code set in a 24-month identification window. Discussion ensued on how to measure people who didn’t receive service, how to determine unmet needs, what to do about people who see a PCP and never receive a code, and how to track whether people who receive a diagnosis in primary care or the ED get mental health services.

For CCO 2.0 Requirements, the CCO will strive for at least 60 percent of provider contracts in VBP arrangements in LAN Framework category 2C or higher. They plan to have Peter McGarry return to provide further education on VBP arrangements. The second metric is “Population reach of unique members seen in integrated behavioral health care settings,” with a benchmark of 10 percent. There was confusion about the wording and Wilder agreed that they could work on the language to clarify its meaning. Dan Stevens added that the CCO should provide clarity especially for the newer metrics on the
target, current performance, gap, and numerator/denominator. Discussion followed around this metric and system barriers that need to be changed.

In Financial Stability, the first metric is the same: achieve positive net income. The second is “Outpatient Emergency Department utilization is within the well-managed utilization range as defined by Milliman benchmark data source.” There was again much discussion on the new metric. PacificSource isn’t ready to set a target for reduction in 2023 (they will in coming years); to start, a benchmark range works better. Stevens noted that they do rebase the cutoff lines based on national averages underlying utilization. He concurred that the measure was potentially fraught with broader system issues and dynamics.

In Operations, both metrics were new. The first is “The average number of complaints related to NEMT services is less than 22 percent of total complaint volume,” and the second is “Receive ≤ .7 complaints/1000 members related to oral health services.”

**ACTION:** Stevens and Wilder will provide a follow-up and more clarity around the questions raised regarding the new metrics.

**BEHAVIORAL HEALTH SURPLUS PROPOSAL**

Carmen Madrid informed the Board that we have $4.2 million available in shared savings surplus funds, of which 50 percent goes to behavioral health. (See the attached addendum.) She brought forward an ask for $1 million from the PEDAL Clinic at St. Charles, which treats children with special needs of the highest acuity.

Mike Richards and Sondra Marshall from St. Charles attended to provide information about the PEDAL Clinic. About 70 percent of their patients are on Medicaid and they have a yearlong waiting list. Their work includes kindergarten readiness, one of our upstream prevention metrics, and is a lifeline for families of autistic children who are eligible for special treatment educationally but not medically. Among the questions raised was how to make the clinic sustainable, since it can’t bill enough to support itself given the large number of Medicaid patients. It’s an enormous gap in the healthcare system and several saw it as a commitment the community has made—i.e., this is not so much a St. Charles program as a community program that they host. COPA formerly sent patients over the mountains to Randall Children’s Hospital, but they have ceased to take new patients, leaving PEDAL as the only provider in this space. The request initially came before the contract negotiation group, so it was reviewed by subcommittee members. Consensus was reached on providing gap funding while further work is done on how to sustain this community service.

Madrid raised the need for a standard process for disbursing behavioral health surplus funds and suggested that COHC’s Behavioral Health workgroup be included collectively with Deschutes County Health Services, BestCare Treatment, and the CCO behavioral health director. Madrid mentioned there was also an opportunity to review the current priorities of the region that this funding could support.

**MOTION TO APPROVE:** Baney asked whether there were any objections to the surplus funds disbursement proposal. All were in favor and the motion passed unanimously.

**ACTIONS**

- Madrid will finalize a recommended process for distribution of behavioral health surplus funds.
- The Behavioral Health workgroup will be asked to explore surplus fund investments.
- COHC will ensure that further work takes place on future steps for PEDAL Clinic sustainability.
**LEGISLATIVE UPDATE**

Rick Blackwell truncated his presentation due to time constraints and shared that Governor Kotek’s recommended budget released January 31 projected a gap between resources and expenditures of $559.2 million. Kotek’s priorities are housing and homelessness, mental health and recovery, and education and child care. An emergency housing package was put together for $130 million. OHA, ODHS, and Oregon Housing and Community Services (OHCS) are responsible for implementing the Medicaid 1115 waiver. DHS has asked for $17 billion total funds and 440 positions, primarily for OHP redetermination. OHA’s recommended budget is $34 billion total funds, much of which will be federal funding; it includes significant funding for behavioral health programs and HOP, as well as $50 million for public health. OHCS has requested $3.7 billion total funds, including $377 million for homeless emergency response efforts and $900 million for LIFT bonds for affordable housing construction.

Baney commented on the importance of HB 2446, which would extend the CCO contracts with OHA through 2026. She also pointed out the lack of funding around the county public health system, comparing the governor’s proposed $50 million budget for the modernization of public health to the recommended investment of around $286 million. Community-based organizations and rural public health offices lack the resources to provide needed services.

**ACTION:** Blackwell will return to complete his review of the 2023 legislative session.

**2023 CCO BUDGET APPROVAL**

Megan Haase reminded the Board that they had agreed to vote on the draft 2023 CCO budget after the last Finance meeting.

**MOTION TO APPROVE:** Rick Treleaven moved to approve the 2023 CCO budget; Haase seconded. The motion passed, with one vote in opposition.

**ACTION:** COHC staff will follow up on any further refinements or discussion on the CCO budget approval process.

**ADJOURN**

There being no further business to come before the Board, the meeting was adjourned at 2:56 pm Pacific Time.

Respectfully submitted,

____________________
Camille Smith, Secretary
The Shared Savings Surplus distribution as indicated in our JMA (Joint Management Agreement) provides 50% to providers and the other 50% to behavioral health. In 2022, for the 2021 contract year there is $4,899,093.85 available for distribution. Exhibit 3 of our JMA outlines percentages distributed to our clinical provider partners. Fifty percent of the surplus dollars is attributed to behavioral health. This year, we have $2,449,546.93 to invest into mental health services.

History

- In 2021, a surplus of $4,167,579 was available for Behavioral Health
- Committee formed
  - Donna Mills asked us to get together
  - Janice Garceau – DCHS
  - Rick Treleaven -- BestCare
  - Mike Franz – PacificSource
- Surplus from 2019 JMA Settlement
- COHC agreed 50% of surplus to BH

Requirements
- Needs to be region-wide
- Prohibited:
  - OHP covered benefits
  - Building housing
- Must be “spent” by May 15, 2021

Proposed Guidelines
- Focus on areas of need that represent underinsured/uninsured & health equity lens
- Spread expenditure over 3 years to maximize impact
- Address need across the lifespan
- Spending large sums quickly is challenging for small organizations – needs infrastructure
- Align with BH and SUD RHIP workgroup
2019 PROPOSED INVESTMENTS

COSPA
- Need for more suicide prevention and postvention in schools—engage BH system
- #1 cause of death in 12–24 year olds
- Will approach COSPA and schools with approval
- Prioritize BIPOC youth

VOLUNTEERS IN MEDICINE
- Build integrated and/or outpatient BH services
- Prioritize Latinx community with services in Spanish

OLDER ADULT BH SERVICES: Deschutes County Health Services and BestCare
- Develop more MH and SUD outpatient services for older adults
- Include case management
- Offer services to the uninsured and underinsured (Medicare very limited)

CENTRAL OREGON VETERANS OUTREACH (COVO)
- Develop BH outpatient services for homeless and un/underinsured
- Leverage new “Veteran’s Village” site
- Outreach programs for homeless and unengaged

Each organization upon Board approval received $1,041,894.90.

A recent review of the prior investments indicates that only 25% of the spending has been used for programs due to workforce shortage in the investment of funds, program development and the funding distributed was to support a 2–3 year program. There is an opportunity in our region with the growing needs of behavioral health affecting other sectors such as housing and substance abuse.
Shared Savings Surplus 2021 Distribution Proposal

Shared Savings Surplus dollars became available late October 2022 for the 2021 contract year. At this time, the following proposal is open for discussion and approval. We have received approval from Pacific Source Community Solutions to extend the distribution date to June 30, 2023 to allow sufficient time for a transparent and equitable distribution process.

Current funding available: $2,449,546.93  
Dedicate 1M to Pedal Clinic as a region wide collective need: $1,000,000.00  
See attached Pedal Clinic proposal*

Available for distribution: $1,449,546.93

Opportunities for discussion:
- The RHIP behavioral workgroup can recommend an investment that would meet our future state metrics as well as identifying the most pressing needs surrounding behavioral health.
- There is an opportunity for multisector workgroups to collaborate and identify a broad regional initiative.
- There can be a call for application for grants throughout the Central OR region.

Recommendation:
- Model similar guidelines for funding as 2021.
- Receive a recommendation from the Behavioral Health workgroup guided by COHC Board of Directors, Health Services in Deschutes County, BestCare and Pacific Source BH representative by March 30, 2023 for the dollars available for distribution.
- Implement strategy and project(s) funded by June 30, 2023.
# Central Oregon Health Council

## Statement of Financial Position

**YTD: OCTOBER 2022 Pre-Audit**

### ASSETS

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### LIABILITIES & EQUITY

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<td><strong>TOTAL LIABILITIES &amp; EQUITY</strong></td>
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### Revenue

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<th>% Variance</th>
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<td>Grants</td>
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### Expenses

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*Community Impact Funds - Top 4 Funded 2022*

- East Cascades Works: 500,000
- Boost Oregon: 300,000
- Dawn’s House: 250,000
- Redmond Oasis Village Project: 250,000
- Impact Incentive Funds: 2,204,728
- All other: 3,035,051
  
  **Total: 6,538,779**

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

### CCO Financials

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March 9, 2023
Central Oregon Health Council
Statement of Financial Position
YTD: NOVEMBER 2022 Pre·Audit

### ASSETS

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**TOTAL ASSETS**

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<td>Net assets without donor restrictions</td>
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### Expenses

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<td>931,293</td>
<td>1,418,878</td>
<td>34%</td>
</tr>
<tr>
<td>Community Impact Funds*</td>
<td>7,402,958</td>
<td>7,093,671</td>
<td>-4%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>8,334,251</td>
<td>6,023,222</td>
<td>-66%</td>
</tr>
<tr>
<td><strong>Net Income</strong></td>
<td>$(4,120,096)</td>
<td>$(1,310,722)</td>
<td>214%</td>
</tr>
</tbody>
</table>

* Community Impact Funds - Top 4 Funded 2022

- East Cascades Works: 500,000
- Boost Oregon: 300,000
- Dawn’s House: 250,000
- Redmond Oasis Village Project: 250,000
- Impact Incentive Funds: 2,204,728
- All other: 3,898,230

**Total: $7,402,958**

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

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<tbody>
<tr>
<td>P &amp; L Board trigger</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Recapture Board trigger</td>
<td>No</td>
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</table>

March 9, 2023
The Programs of Evaluation, Development and Learning (PEDAL) is a service that offers care to children with special health needs. The clinic consists of five Psychologists and Neuro-Psychologists as well as one Developmental Pediatrician. The team specializes in diagnosis, assessment and intervention related to disorders affecting a child’s development. As has already been shared, St Charles Health System can no longer afford to maintain this program.

The national healthcare post-pandemic financial challenges require a re-examination of how many community services are funded. After years of sponsoring the PEDAL program on behalf of the community, St. Charles has determined that the funding of the program needs to be better aligned to the community-wide benefits it provides, in order for it to be financially sustainable. To that end, SCHS initiated discussions with others in the community and formed a steering committee made up of leaders from SCHS, Mosaic, Central Oregon Pediatric Associates (COPA) and PacificSource. This group has been meeting regularly and evaluating whether the program would be more financially sustainable in another entity outside of SCHS or whether a partnership exists that could work for all.

At the February 9th, COHC Board meeting, the board approved $1M in bridge funding to allow St Charles to continue to support this program through 2023 and allow time for the community process to find a solution that is financially sustainable. The steering committee is working on a timeline with the goal of identifying the solution no later than July 2023 and then beginning implementation of that plan.

St Charles requests to receive the bridge funding as soon as is feasible. When received, the bridge funding will be deposited into a deferred revenue account. Every month during the close process, the accounting team will reclassify funds from the deferred revenue account to Pedal Clinic’s other operating revenue account to cover any deficit within the department (see 2023 budget below). This will happen each month after all other revenue and expense have been accounted for. The initial reclassify will cover all 2023 year-to-date deficit. At any time, the deferred revenue account will reflect the $1M less any amounts reclassified to cover Pedal clinic deficits.

When the steering committee reaches a recommended future structure for the program, any remaining funding will be allocated to the future home(s) of the program when that solution is fully implemented.
### Revenues:
- Inpatient: 6,179
- Outpatient: 1,864,240
- Gross Patient Revenue: 1,870,420

### Deductions From Revenue
- Medicare: 16,347
- Medicaid: 959,747
- Commercial: 343,700
- Discount and Other: 3,972
- Charity: 2,350
- Bad Debt Expense: 578

**Total Deductions from Revenue**: 1,326,693

**Net Patient Revenue**: 543,726

**Capitated Revenue**: 0
**Value Based Care Revenue**: 0
**Other Operating Revenue**: 126,000

**Total Revenues**: 669,726

### Expenses:
- Salaries: 1,187,756
- Benefits: 261,655
- Contract and Professional Services: 2,708
- Medical Supplies: 4,910
- Other Supplies and Expenses: 116,510
- Education and Travel: 51,438
- Equipment Costs: 4,386
- Provider Tax: 0
- Depreciation: 0
- Interest Expense: 0
- Uncoded Invoices: 0

**Total Expenses**: 1,629,363

**Income (Loss) from Operations**: (959,637)

**Gain (Loss) on Investments**: 0
**Non-Operating Revenue**: 0
**Loss on Retirement of Debt**: 0

**Excess of revenue over expenses**: $(959,637)
2024 Regional Health Assessment Update

Whitney Schumacher & Miguel Herrada
Project Managers
Central Oregon Health Council
What is the Regional Health Assessment?
A Picture of our Community’s Health

Health indicators and social determinants of health
2024 REGIONAL HEALTH ASSESSMENT VISION

- Community-Driven
- Comprehensive
- Equity-Focused
- Approachable
- Easy-to-Use
- Meets Requirements
2024 RHA
REQUIRED CONTENT

- DEMOGRAPHICS
- HEALTH DISPARITIES
- HEALTH INDICATORS
- HEALTH BEHAVIORS
- SOCIAL DETERMINANTS OF HEALTH
- COMMUNITY ASSETS
- HEALTH CHALLENGES

SOURCE

- SECONDARY DATA

2024
REGIONAL HEALTH ASSESSMENT

PRIMARY DATA:
COMMUNITY HEALTH SURVEY

PRIMARY DATA:
LISTENING SESSIONS
2022 Launch

• First-ever Community Health Survey for the RHA

• Partnerships between
  • St. Charles Health System
  • Deschutes County Health Services
  • Central Oregon Health Council
Learnings & Enhancements

1. Overall Approach
2. Community Health Survey
3. Listening Sessions
Who’s Involved
Who’s Involved

Core Development Team

Steering Committee
Workplan Timeline
<table>
<thead>
<tr>
<th>JAN ’23</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>JAN ’24</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREPARATION &amp; PLANNING</td>
<td></td>
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<td>LISTENING SESSIONS</td>
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<tr>
<td>COMMUNITY HEALTH SURVEY</td>
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<tr>
<td>SECONDARY DATA ANALYSIS</td>
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<tr>
<td>SYNTHESIZE &amp; DRAFT</td>
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<td>FINALIZE</td>
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</tbody>
</table>
How You Can Help
We Need Your Help

- Take the survey
- Ask your Staff to take the survey
- Promote the survey in your network
- Help recruit listening session participants
- Help arrange listening sessions
Regional Health Improvement Plan Update

$12M Five Year Investment Overview

January 2020 — December 2024

ALLOCATED
40.8%
$4.9M

INVESTED
59.2%
$7.1M

MARCH 2023
State of Regional Health Improvement Plan

INVESTED BY WORKGROUP

- INVESTED
- ALLOCATED

<table>
<thead>
<tr>
<th>Workgroup</th>
<th>INVESTED</th>
<th>ALLOCATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Poverty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>2,000,000</td>
<td></td>
</tr>
<tr>
<td>Physical Health</td>
<td>1,000,000</td>
<td></td>
</tr>
<tr>
<td>Stable Housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance &amp; Alcohol Misuse</td>
<td>1,500,000</td>
<td></td>
</tr>
<tr>
<td>Upstream Prevention</td>
<td>1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

MARCH 2023

COHC
# State of Regional Health Improvement Plan

**JANUARY 2020 — DECEMBER 2024**

<table>
<thead>
<tr>
<th>WORKGROUP</th>
<th>BUDGET</th>
<th>INVESTED</th>
<th>Allocated</th>
<th>EARMARKED</th>
<th>CURRENT FOCUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS POVERTY</td>
<td>$12,000,000</td>
<td>$7,139,584.04</td>
<td>$4,860,416.00</td>
<td>100%</td>
<td>Interventions Based on Active Listening Sessions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Developing Senior Food Insecurity Measure</td>
</tr>
<tr>
<td>BEHAVIORAL HEALTH</td>
<td>$1,914,157.00</td>
<td>$85,843.00</td>
<td>100%</td>
<td>Advocacy Workforce Development</td>
<td></td>
</tr>
<tr>
<td>PHYSICAL HEALTH</td>
<td>$1,117,158.56</td>
<td>$882,841.44</td>
<td>100%</td>
<td>Oral Health Chronic Disease</td>
<td></td>
</tr>
<tr>
<td>STABLE HOUSING</td>
<td>$1,124,654.00</td>
<td>$875,346.00</td>
<td>100%</td>
<td>Advocacy Housing Supports</td>
<td></td>
</tr>
<tr>
<td>SUBSTANCE &amp; ALCOHOL MISUSE</td>
<td>$617,494.69</td>
<td>$1,382,505.31</td>
<td>100%</td>
<td>Youth Engaged in Vaping Prevention Interventions Based on Binge Drinking Assessment Outcome Naloxone Access &amp; Education</td>
<td></td>
</tr>
<tr>
<td>UPSTREAM PREVENTION</td>
<td>$1,424,126.00</td>
<td>$575,874.00</td>
<td>100%</td>
<td>Kindergarten Readiness Third Grade Reading</td>
<td></td>
</tr>
</tbody>
</table>

**MARCH 2023**
## Behavioral Health
### Access and Coordination

<table>
<thead>
<tr>
<th>1</th>
<th>WHAT WE’VE DONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving quality measures and communication between specialty providers and primary care</td>
<td></td>
</tr>
<tr>
<td>Psychiatric Residency Program in Central Oregon</td>
<td></td>
</tr>
<tr>
<td>Training, supervision and financial support to interns</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>CURRENT FOCUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy</td>
<td></td>
</tr>
<tr>
<td>Workforce Development</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>HIGHLIGHTS</th>
</tr>
</thead>
</table>
# Stable Housing and Supports

<table>
<thead>
<tr>
<th>1</th>
<th>WHAT WE’VE DONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing Continuum Capacity in the Effort to End Homelessness</td>
<td></td>
</tr>
<tr>
<td>Permanent Supportive Housing</td>
<td></td>
</tr>
<tr>
<td>Regional Housing Council</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>CURRENT FOCUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy, outreach, and education</td>
<td></td>
</tr>
<tr>
<td>Identifying gaps and opportunities for coordination across groups and sectors</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>HIGHLIGHTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Having a housing navigator on our team has positively impacted our community by placing several guests that have been and would most likely still be living on the street, in a tent or uninhabitable housing here in Prineville in permanent housing. With the housing shortage for low income individuals here in Crook County we ... truly feel it is as a direct result of having a housing navigator on staff full time.&quot; Cindy, Redemption House Executive Director</td>
<td></td>
</tr>
</tbody>
</table>
Substance & Alcohol Misuse

<table>
<thead>
<tr>
<th>WHAT WE’VE DONE</th>
<th>CURRENT FOCUS</th>
<th>HIGHLIGHTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factors Contributing to Binge Drinking Assessment</td>
<td>Exploring “Rethink the Drink” campaign</td>
<td>“We would not be able to provide the services that our peer mentors are able to provide. The training funds allow the mentors and staff to feel that we value them and want to assist them to be educated and prepared to serve their clients.” (New Priorities, Progress Report)</td>
</tr>
<tr>
<td>Peer Support Sustainability Consultant</td>
<td>Youth engagement in vaping prevention</td>
<td></td>
</tr>
<tr>
<td>Sustaining Peer Support Positions</td>
<td>Overdose prevention: naloxone education, awareness, and access</td>
<td></td>
</tr>
<tr>
<td>Healthy Retail Assessment</td>
<td></td>
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</tr>
</tbody>
</table>
## Physical Health

<table>
<thead>
<tr>
<th>WHAT WE’VE DONE</th>
<th>CURRENT FOCUS</th>
<th>HIGHLIGHTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional STI Coordination</td>
<td>Healthy Retail partnership</td>
<td>“The Central Oregon STI and HIV Prevention Public Health Collaborative project creates coordination and epidemiology capacity across the region. The project will work with partners to address disproportionate adverse health effects of STI/HIV among certain populations...and will support positive physical and mental health for all Central Oregon youth through advocacy for best practices among schools and youth serving organizations.”</td>
</tr>
<tr>
<td>Program support for health and wellness communication, education and delivery of youth physical activity and fruit and veggie consumption</td>
<td>Oral Health referral networks</td>
<td></td>
</tr>
</tbody>
</table>

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Upstream Prevention

1 | WHAT WE’VE DONE
   - Promoting Intended Pregnancies Media Campaign
   - Childhood Immunization Quality Improvement
   - Community Belonging Measure
   - Kindergarten and 3rd Grade Reading Programs Support

2 | CURRENT FOCUS
   - Letter Name Recognition at Kindergarten
   - Third Grade Reading Proficiency

3 | HIGHLIGHTS
   - Have questions about relationships, sex, birth control or having a baby?
     - Whether you're planning to get pregnant or not, you can get open and honest help from a doctor or nurse right here in Central Oregon. It’s confidential, low cost and close by — and you can ask anything.
# Address Poverty & Enhance Self-Sufficiency

<table>
<thead>
<tr>
<th>1</th>
<th>WHAT WE’VE DONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing high school graduation rates among economically disadvantaged youth</td>
<td></td>
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<tr>
<td>Addressing food insecurity</td>
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<tr>
<td>Conducting listening sessions for those living at the ALICE* Threshold</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>CURRENT FOCUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing older adult food insecurity measure</td>
<td></td>
</tr>
<tr>
<td>Providing support for ALICE Listening Sessions</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>HIGHLIGHTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Distributed 2,130 Fresh Harvest Kits in Prineville, Bend, Warm Springs, and Sisters, resulting in approximately 8,520 community members accessing healthy, nutritious food and nutrition resources” (High Desert Food and Farm Alliance, Progress Report)</td>
<td></td>
</tr>
</tbody>
</table>

*Asset Limited, Income Constrained, and Employed*
Emerging: Workgroup Collaborations

Healthy Retail

- Physical Health
- Substance Misuse

Partner Readiness

- Stable Housing
- Behavioral Health
- Substance Misuse

ALICE Listening Sessions

- Address Poverty
- Stable Housing
QUESTIONS?
MISSION
The Central Oregon Health Council (COHC) works to build an equitable and integrated health ecosystem that improves the health of Central Oregonians through collaborative work and community partnerships, utilizing data-driven decisions, to achieve quality improvements, lowered costs, and empowered providers.

PURPOSE
The COHC Board of Directors acts to advise, govern, oversee policy and direction, and assist with the leadership and general promotion of the Health Council to support its mission and needs.

RESPONSIBILITIES
As the highest leadership body of the Central Oregon Health Council, the Board of Directors undertakes the following duties and obligations:

<table>
<thead>
<tr>
<th>Duties and Obligations</th>
<th>Frequency/Action</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determine the Strategic Plan and ensure successful implementation through review of goal accomplishments and timeline</td>
<td>Annual Review</td>
<td>Board of Directors Approval</td>
</tr>
<tr>
<td></td>
<td>Board Retreat</td>
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</tr>
<tr>
<td>Ensure strong fiduciary oversight and financial management, including adoption of the annual budget</td>
<td>Annual Review</td>
<td>Positive Net Income for Operating Budget</td>
</tr>
<tr>
<td></td>
<td>Finance Committee</td>
<td>Annual Financial Audit</td>
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<td>Annual Tax Returns Filed</td>
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<tr>
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<td></td>
<td>Monthly financial reporting</td>
</tr>
<tr>
<td>Select and evaluate the performance of the Executive Director</td>
<td>Annual Review</td>
<td>Baseline and Annual Measures</td>
</tr>
<tr>
<td></td>
<td>Board of Directors</td>
<td></td>
</tr>
<tr>
<td>Approve and monitor the performance of COHC’s committees. Governance, Finance, Community Advisory Council, Provider Engagement Panel, Operations Council, Executive Committee</td>
<td>Annual Review</td>
<td>Action plan on identified areas</td>
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<td>Survey administered</td>
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</table>
### Communicate COHC’s mission and work effectively to the community in a manner that enhances and promotes COHC’s public image

- **Ongoing**
- **Annual goals to be determined**

### Board Self-Evaluation to be conducted

- **Annually**
- **Action plan on identified areas**

### Follow COHC bylaws, policies and Board resolutions

- **Annually**
- **Board Retreat**
- **Provide updated documents to the Board**

### Avoid conflicts of interest and disclose potential conflicts

- **Annually**
- **Signed conflict of interest statements**

### Maintain confidentiality about all internal matters of the Central Oregon Health Council

- **Annually**
- **Signed confidentiality statements**

### Serve as the key linkage between ownership of the organization, the community, and the organization itself.

- **Annually**
- **Meet with 3 critical stakeholders**

### EXPECTATIONS

By accepting a seat on the Board of Directors for the Central Oregon Health Council, Board members pledge to:

- Follows the Board Policy Manual within the scope of Board Responsibilities and Work Product
- Serve as active advocates and ambassadors for the Central Oregon Health Council in the community and within their own organizations
- Be knowledgeable about and advocate for the mission, policies, activities, and needs of the Health Council
- Faithfully read and understand COHC’s financial statements, assuring the fiscal integrity of the organization
- Help to secure the resources and partnerships necessary for COHC to advance its mission
- Identify connections who can benefit COHC’s activities and reputational standing and can influence public policy
- Attend all COHC Board meetings, preparing in advance to participate actively
- Participate fully in one or more committees or workgroups of the Health Council
- Treat fellow Board members, staff, and community partners with respect and dignity in all discussions and encounters
- Prioritize equity and employ an equity lens to guide decision-making
- Bring the perspectives of community members who will be most impacted into discussions and decision-making
- Consider the long-term implications of decisions to improve outcomes for the most underserved community members
Excerpt from the Board Policy Manual

2.2. Board Responsibilities and Work Product

The Board of Directors has its own purpose and function that is of importance to the performance of the organization itself and has an obligation to perform effectively. Accordingly, the Board of Directors will bring its own value and contribution to Central Oregon Health Council by creating:

STRATEGIC PLANNING AND VISION:

1. Establish the organization's purpose, mission and vision.

2. Determine to what end the organization shall be directed, i.e., what benefits shall be provided, for whom, and at what cost.

3. Govern the organization through the application of the Purpose Statement, Executive Limitations, Governance Process and Board Management Delegation policies.

LINKAGE WITH STAKEHOLDERS:

4. Serve as the key linkage between ownership of the organization, the community, and the organization itself.
   a. Determine appropriate means to maintain an effective communication linkage between the organization and its stakeholders (e.g., health care community members, community organizations, etc.).
   b. With the assistance of the ED or other staff, each board member shall meet with at least three critical stakeholders each year to promote the Central Oregon Health Council’s mission.
   c. Communication with stakeholders. The Board shall work to ensure the linkage between the stakeholders and the operational organization by overseeing regular financial reporting to the stakeholders. The reporting should involve at least annual presentations.

5. Lead and inspire the community to support the organization and its mission through active participation in community relations activities.
WRITTEN GOVERNING POLICIES:

6. Provide written governing policies that govern the organization, outline performance criteria, and measure organizational outcomes, and which, at the highest levels, address:

   a. Purpose Statement: Organizational products, impacts, benefits, outcomes, recipients, and their relative worth (what good, for whom (which needs), and at what cost).
   b. Governance: Establishment of the board’s process of governance; and how the board conceives, carries out, and monitors its own task.
   c. Executive: The development of a Board-approved, criteria-based job description for the ED: the establishment of the Board of Director/ED relationship; the passing of authority, the ED’s role and accountability, and monitoring the use of authority delegated to the ED.
   d. Management: Executive limitations or constraints on executive authority that establish the prudence and ethics boundaries within which all executive activity and decisions must take place.

APPROPRIATE OVERSIGHT OF ORGANIZATIONAL PERFORMANCE:

7. Provide for an annual financial audit, review or compilation. The Board shall establish a cycle so that its strategic planning, administrative planning and budgeting can be based on accomplishing long-term ends.

8. Provide direction or a charge to each of its committees outlining what it expects from that committee. Standing committees of the Board will use that direction to develop goals for approval by the Board.

9. Evaluate the Board’s own performance as a governing board. A self-assessment may occur at any time, but the Board should strive for a regular review process that involves the participation of all Board members. Such evaluation should identify areas of strength and weakness, opportunities for Board education and more. The Board should also plan a yearly retreat for strategic planning and other purposes.

10. Evaluation of Executive Director. The Board is responsible for monitoring the performance of the ED. It may evaluate or address the ED’s performance at any time but should strive for a more formal evaluation on a regular basis (i.e., an annual review).
<table>
<thead>
<tr>
<th>Board of Directors</th>
<th>Organization</th>
<th>Committee</th>
<th>Workgroup</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tammy Baney, Chair</td>
<td>Central Oregon Intergovernmental Council</td>
<td>Executive Committee</td>
<td></td>
</tr>
<tr>
<td>Linda Johnson, Vice Chair</td>
<td>Community Representative</td>
<td>Executive Committee</td>
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PURPOSE
Annually, the COHC Board of Directors will administer a Board self-evaluation to review its accomplishments and seek opportunities to strengthen the Board. The following recommendation is aligned with the duties and obligations from the Board job description and a focus area to strengthen to be developed annually.

DUTIES & RESPONSIBILITIES
This section will ask questions with regard to clearly understanding COHC's mission, true north principles, the Board Policy Manual, as well as duties and responsibilities as a Board member.

STRATEGIC PLAN
This section will ask questions with regard to clearly understanding the strategic plan, its goals, and meeting outcomes.

FIDUCIARY OVERSIGHT
This section will ask questions that focus on financial stewardship, a clear understanding of financial statements, and a conceptual understanding of the financial components of the JMA.

ENGAGEMENT & CONDUCT
This section will ask questions as to the nature of involvement through attendance, committee, workgroup, community involvement, and stakeholder introductions.

FOCUS AREA: AGREED UPON FOCUS AREA FOR THE UPCOMING YEAR TO CENTER ON STRENGTHENING THE COHC BOARD.
PURPOSE
Annually the COHC Board of Directors will administer a review of COHC’s Executive Director to determine overall performance, seek opportunities for ongoing development and set achievable metrics aligned with the Strategic Plan.

- There is an attached draft ED review process. This process has not been finalized.
- The following categories are areas where questions for the evaluation will be determined.

STRATEGY & PLANNING
This section will ask questions with regards to implementing the strategic plan, Board Agenda planning and Board. Board members are excited to come to the Board meeting.

FINANCIAL STEWARDSHIP
This section will ask questions on financial stewardship, financial deliverables, financial procedures are in place, a full audit report conducted annually, timely tax filings, and overall financial acumen and stewardship of COHC finances.

PROGRAM MANAGEMENT
Execution of key deliverables such as RHA, RHP, Board deliverables, and other key responsibilities within the scope of the Executive Director. All the work is getting done!

HUMAN RESOURCES MANAGEMENT
Staff management; recruitment and retention, professional development plans, employment and workplace compliance, performance standards established, staff is fulfilled with their work.

FOCUS AREA: AGREED UPON FOCUS AREA FOR THE UPCOMING YEAR CENTERED ON STRENGTHENING SUPPORT AND PROFESSIONAL DEVELOPMENT FOR THE EXECUTIVE DIRECTOR.
Policies and Procedures

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<th>Policy Title</th>
<th>Executive Director Performance Evaluation Process</th>
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Policy

Systematic and rigorous monitoring of ED job performance should be focused on the expected ED job outputs: organizational accomplishment of Board policies and goals one and organizational operation within the boundaries established in Board policies on Executive Limitations. The Board shall perform an annual evaluation of performance in November of each year.

Goal or Purpose of the Policy

To monitor and assure ED Job outputs are aligned with the Board's established strategic plan and predetermined goals and objectives.

PROcedures

ED, Executive Team, Governance Committee, and Board of Directors

1. Annually, four months prior to anniversary date, ED provides input, in writing, to Executive Committee on attainment level of annual goals and objectives as established by the Board and ED the previous year.
2. The Executive Committee reviews with the ED for clarifications, edits, and concerns.
3. The Executive Committee reviews the current salary level of the ED and determines whether a salary increase and/or bonus will be recommended to the Board and establishes an Executive Session with the Board in October.
4. The Board meets in Executive Session first without the ED to establish salary and/or bonus warranted, then the ED joins to discuss findings and decision.
5. Annually, by ED's anniversary date, the ED prepares a draft of the next year's goals and objectives and submits it to the Board for review. The Board makes edits/comments and returns to the ED for final review and approval.
6. Governance Committee will ensure procedures occur per the foregoing.
Pain Standards Task Force
Dr. Gary Allen, Co-Chair

MARCH 2023
Origins of the Pain Standards Task Force

The PSTF was formed in 2015 in response to the concerning rise of opioid-related deaths and health care costs in our community. Its intent was also to transform health care delivery for chronic or persistent non-cancer pain in our region.
The 7-Point Strategy

- Adoption of safe prescribing practices
- Trainings
- PDMP enrollment efforts
- Adoption of chronic pain prescribing guidelines
- Adoption of acute pain prescribing guidelines
- PacificSource letters to risky prescribers
- Patient and provider agreements for opioid prescribing
PSTF Accomplishments

- Created a data dashboard to inform prescriber practices, which became a model for the state
- Created a comprehensive website, copainguide.org, with a wealth of information for providers and patients
- Raised public awareness around the region with media campaigns, press releases, and interviews
- Participated in statewide task forces and consulted with legislators to address the opioid crisis and develop pain management and prescribing standards
PSTF Accomplishments (cont.)

- Conducted 13 provider events—from trainings to learning series to conferences—with more than 800 attendees
- Organized multiple community naloxone events, including two for Max’s Mission in Madras and Bend and the 2019 OPAT Community Event & Naloxone Training
- Contributed naloxone grants totaling $88,445 between 2018 and 2022
- Instrumental in embedding SUD counselors in the ED
Central Oregon Health Council Board
2023 Health Equity Plan Update
Health Equity Plan

• Community-informed
• Reported to the Oregon Health Authority and updated each year
• Based on National Culturally and Linguistically Appropriate Services Standards (CLAS)
  • Guidance for healthcare organizations in developing practices that center health equity
2022 HEP Focus Areas

• Culturally and linguistically appropriate Grievance & Appeals processes

• Language access

• Member communications in plain language and alternative formats
Grievance (Complaints) & Appeals

• Offered training for Traditional Health Workers to support members in filing complaints & appeals

• Created a way for community members to submit anonymous feedback to PacificSource
Member Communications

• Worked with CACs to review and suggest edits to documents for members

• Upcoming training for providers on using plain language in both written and verbal communications
Other HEP Projects Influenced by Community Feedback

• Created a video in plain language, Spanish, & American Sign Language to explain how to file a complaint or appeal with us.

• Created member materials in Farsi, Dari, and Pashto to serve Afghani new arrivals to the state.

• Updated contact info to include “we accept all relay calls” to better serve members who are d/Deaf or hard of hearing.
2023 New Focus Areas

• Priority populations
  • People with Disabilities
  • People who identify as LGBTQIA2S+

• Community Engagement Activities
People with Disabilities and LGBTQIA2S+ People

**Goal:** Systems and processes provide effective, equitable, understandable, and respectful care and services to:

- people with disabilities
- people who identify as transgender, nonbinary, or gender diverse
- people with sexual orientation diversity*

*who do not identify as straight or heterosexual*
Community Engagement Activities

Goal: work with the community to improve health outcomes by:

• working together to help guide projects and activities to increase health equity

• collaborate with cultural community partners
Discussion Questions

Community Feedback
What opportunities do you see to collect community feedback about health equity?

Health Equity Efforts
How can the CCO Health Equity Team support the HC Board’s Health Equity efforts?

People with Disabilities and/or LGBTQIA2S+:
Are there any health equity concerns you know about that you would like to share about these new priority populations?
Central Oregon Health Council
3.9.23
What is Connect Oregon?

**Connect Oregon** connects health care and social service providers to deliver integrated whole person care through a shared technology platform. Through the network, partners can:

- Make electronic referrals
- Securely share client information
- Track outcomes together
- Inform community-wide discussion

**Connect Oregon** is provided at no cost to all community-based organizations, community health centers, and healthcare providers contracted with our CCO and health system partners.
Available in all 36 counties
Connect Oregon At A Glance
Statewide

Number of Organizations by Service Type

- Individual & Family Support: 395
- Education: 262
- Physical Health: 252
- Mental/Behavioral Health: 211
- Food Assistance: 196
- Social Enrichment: 196
- Wellness: 186
- Housing & Shelter: 176
- Benefits Navigation: 171
- Employment: 130
- Clothing & Household Goods: 122
- Substance Use: 103
- Transportation: 102
- Utilities: 69
- Sports & Recreation: 57
- Money Management: 52
- Spiritual Enrichment: 47
- Income Support: 44
- Legal: 43
- Entrepreneurship: 20

FEBRUARY 2023

1020 Organizations
2169 Programs
1127 Programs open to Receiving Referrals

COHC Board of Directors | 73
March 9, 2023
Why are we here?

Service providers are fragmented.

Health and social care providers both lose visibility after their patients are discharged.

Co-occurring health and social needs are often under-addressed across the community since providers are disconnected.

Vulnerable patients seek clinical care for social problems, causing unnecessary utilization of healthcare services.
Connect Oregon enables secure, meaningful data exchange across sectors.

### Compliance
- HIPAA
- FERPA
- FIPS
- 42 CFR Part 2
- SOC 2 Type 2 Certified

### Access and Permissions
- BAAs to Covered Entities
- Personalized onboarding for each partner
- Organization, program, and user-level roles and permissions

### Infrastructure
- Consent-driven architecture
- AWS Cloud Servers
- Data secured and encrypted at rest and in transit
- Audited technical, physical, and administrative safeguards
- Annual penetration testing and audit by third party
- 100% approved audits by local government, state government, and health systems/plans
Terminology - Service Types

- Benefits Navigation
- Clothing & Household Goods
- Education
- Employment
- Entrepreneurship
- Food Assistance
- Housing & Shelter
- Emergency/One-Time Financial Assistance
- Individual & Family Support
- Legal
- Mental/Behavioral Health
- Money Management
- Physical Health
- Social Enrichment
- Spiritual Enrichment
- Sports and Recreation
- Substance Use
- Transportation
- Utilities
Connecting People to Care

Tom shows up at Sue’s organization.

Sue screens Tom and identifies that he has additional needs.

Sue uses Unite Us to gain digital consent and electronically refer Tom to multiple community partners. Through the platform, she can seamlessly communicate with the other providers in real time and securely share Tom’s information.

As Tom receives care, Sue receives real-time updates and tracks Tom’s total health journey.
Central Oregon Milestones

- **Network Launch**

- **Network Growth**
  - As of July 2021, Central Oregon had 21 in-network partner organizations, has supported 417 clients with 616 referrals.

- **COVID-19 Wraparound**
  - In January 2021, Deschutes County started using Connect Oregon for COVID wraparound referrals.

- **Additional Providers**
  - Throughout Q2 2021, onboarded additional clinical users and providers in Deschutes county through the pilot.

- **Network Expansion**
  - In August 2021, the network expand into Jefferson, Crook, and northern Klamath counties through partnership with PacificSource.
Connect Oregon Providing Social Care Infrastructure

Covid-19 Wrap Around Services

Starting in February 2021 Unite Us has worked with three local health department to provide technology, training and technical assistance in order to securely and effectively connect individuals needed wrap around services to maintains quarantine or isolation with community based organization with the Connect Oregon Network.

Within four days, we saw an average case resolution rate of 87% and referral acceptance rate of 98%, indicating efficient collaboration to help those in need.

Our staff has enjoyed working on the Unite Us Platform and it's made it easy to streamline COVID referrals that come to our organization. Our staff love that they are able to send texts to the participants and track service data points! It’s made our job easier.”

— Jackie Vargas, Health Navigation Department Manager at Northwest Family Services
## Data Model Definitions

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASE</td>
<td>An overarching concept that represents a <strong>client's need and their care journey</strong> to address the need in the platform. All stages of a client’s care journey are tracked under a case, including referrals (when applicable).</td>
</tr>
<tr>
<td>REFERRED CASE</td>
<td>A <strong>case with at least one associated referral</strong>, meaning the client’s need was referred into the network.</td>
</tr>
<tr>
<td>REFERRAL</td>
<td><strong>Individual attempts to connect</strong> a client or case to a specific in-network organization that might be able to serve the client's need. Cases can have multiple referrals.</td>
</tr>
<tr>
<td>MANAGED CASE</td>
<td>A case that has reached an <strong>in-network organization with the capacity to serve the client</strong> (e.g., when an associated referral has been accepted).</td>
</tr>
<tr>
<td>OFF-PLATFORM CASE</td>
<td>A case that ultimately ended in a traditional referral <strong>made to an out-of-network organization</strong>, but documented in Unite Us.</td>
</tr>
</tbody>
</table>
Get in Touch

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Community Engagement Manager
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Follow Us

COHC Board of Directors | 82
March 9, 2023
Thank you!
Executive Director’s Report
March 9, 2023

February was a month of moving forward the work to enhance the goals of the Central Oregon Health Council as we continue to grow and learn together. Some main areas where enhancements have taken place:

1. Operations Council and QIMs Workgroup
2. Regional Health Assessment (RHA) Update
3. Regional Health Improvement Plan (RHIP) Update
4. 2021 Shared Savings Surplus Distribution

Operations Council and QIMs Workgroup

The Operations Council has been working closely with the QIMs Workgroup in the past addressing quality measures with similar participation in both groups with similar agendas. The QIMs Workgroup will continue to address the QIMs metrics throughout the region. The Operations Council within the last two months has been reforming to include operational leaders in the region, as it was previously designed. We are now also including community-based organizations to design the Operations Council with a broader representation. The Operations Council will have opportunities to address emerging issues, integration projects, region-wide initiatives, and a space to support COHC’s strategic plan. COHC staff have been working with the Operations Council to build criteria and a decision-making process to prioritize projects presented to Operations Council. The Operations Council will also be a vehicle to report RHA and RHIP progress and escalate topics that need attention.

Regional Health Assessment (RHA) – see attached presentation from Board Meeting

The Regional Health Assessment, to be presented at the March Board meeting, has been relaunched after our 2022 discoveries of the first iteration of the survey. The enhancements provide simplification in plain language with fewer questions. Whitney Shumacher, project lead, and Miguel Herrada, community engagement support continue to design a plan alongside the Steering Committee, which will have broader representation across our regional partners. With the awareness that there are new participants involved in this project, we are excited to create a product to meet accreditation for our partners along with our CCO requirements.

Regional Health Improvement Plan (RHIP) – see attached presentation from Board Meeting

The Regional Health Improvement Plan to be presented at the March Board meeting demonstrates that over $7M of our $12M allocation to workgroups over a five-year period have already been spent. The workgroups continue to move forward their plans to spend a projected $4M in 2023, which has been allocated for in the COHC budget. Many of the workgroups are continuing to evolve and are beginning to have discussions on advocacy and working with other workgroups for potentially more cross-collaborative work.
2021 Shared Savings Surplus Distribution

The Shared Savings Surplus from 2021 is $4,899,093.85. Distribution is designated in our JMA agreement with 50 percent to our healthcare partners across the region and 50 percent allocated to behavioral health. The 50 percent for our healthcare partners is scheduled to be distributed. For the behavioral health distribution, a proposal was presented at the Board of Directors meeting on February 9, 2023. Approval was received to allocate $1M to the PEDAL Clinic, and for the remainder, to include the Behavioral Health workgroup and invite the Stable Housing and Substance Misuse workgroups to form a process that is more inclusive in reviewing the Central Oregon landscape for these multiyear investments. We have received approval from the CCO for an extension to June 30, 2023 for the behavioral health surplus distribution. The group is scheduled to meet and will update the Board on the plan to move forward.

Operations

- A one-day Board staff retreat is tentatively scheduled for June 8 and staff will potentially work with committees and workgroups on June 9.
- An online newsletter is in draft mode and to be reviewed prior to publication.
- The Quality Incentive Measures (QIMs) have been achieved for 2022 and the new Quality Payment Pool (QPP) incentives will be implemented, with reporting to be presented at the April Board meeting.
- We are currently working on the design of a tracking tool, Smartsheet, to assist in reporting high-level dashboards and coordinating tasks for staff in a centralized location, managing documents, developing dashboard reporting, and creating more transparency and professional development for the team.
- Our annual audit process will begin in April 2023, with an extension to file our 990 by October as has been done previously. We are finalizing an agreement for a new auditor, Jones & Roth. Jones & Roth has provided auditing services to COHC in the past.
- The Governance Committee completed the final draft of the Board job description. There is also a Board self-evaluation recommendation and an ED evaluation recommendation to be presented at the March Board meeting, to be further designed for implementation.

Staff

- Staff continues strategic planning alignment to develop our workplan in 2023.
- Staff development plans are to be designed and launched during annual performance reviews.
- We are hiring a temporary 30–40 hour administrative assistant to work on foundational projects with the ED and support the project managers.
- Project managers can take formal project management courses with a potential to earn their PMP certification.

Attached is our Strategic Plan for review.

Questions: Please contact Carmen Madrid at carmen.madrid@cohealthcouncil.org
The Central Oregon Health Council strategic plan was approved by the Board of Directors to move forward with broad strategic directions and the aims identified to achieve within each strategic direction. The COHC staff, Operations Council, Provider Engagement Panel (PEP), Community Advisory Council (CAC), and CCO will work alongside the Board of Directors to achieve these strategic directions.

**Strategic Directions**

**Creating Aligned Partnerships for Innovation between Payers, Delivery Systems, and Patients**

**AIMS**

1. Collaborate with two community provider organizations to launch a pilot Community Information Exchange (CIE)

2. Research APM promising practices and models

3. Transition CIE project from COHC to PCS

4. COHC staff conducts grant research

5. Discuss pros and cons of each APM at Operations Council, PEP, Finance, and CUSC

6. Pursue exploratory discussions with PCS on shared benefits/advantages and possible barriers to expanding collaboration to additional revenue streams, e.g., Medicare and commercial lines

7. Prepare to apply for a grant in year 3, with COHC as the recipient

8. The Central Oregon CIE is widely utilized throughout the region
Demonstrating Effective Governance

AIMS

1. COHC staff gather and share tools and strategies to explore opportunities for workgroups to implement and fund multisector projects

2. Create, finalize, and vote on the purpose (ends) statement to guide work alongside the approved COHC mission and vision

3. Form subgroups to investigate potential cost drivers

4. Include expectations in the COHC Board policy book of Board member organizations incorporating COHC’s strategic plan and RHIP priorities

5. Develop simple and concise multilevel external communications plan for Board member and partner use

6. The COHC Board can name the key cost drivers in the CCO that are creating decreased margins

7. Develop a process and tools for annual COHC Board self-evaluation

8. COHC RHIP workgroups begin funding multisector projects

9. Board self-evaluation will be conducted for the first time

Engaging Regulators for Informed Decision-Making

AIMS

1. Build an internal advocacy/lobbying process

2. The COHC Board, committees, and workgroups will receive advocacy training and education

3. COHC staff will engage key PacificSource staff in strategic discussions on bidirectional communication

4. The COHC Board will develop a regular process to collaborate with PacificSource to identify critical policy goals in the operation and funding of the CCO model in Oregon
5. COHC staff will engage key PacificSource staff to map out various bidirectional communications streams that exist between the CCO and OHA across all relevant programs or departments

6. Build consensus between COHC and the CCO to define bidirectional communication with OHA

7. Assess legislative relationships and opportunities of individual Board members

8. Invite Board members to bring legislative priorities forward that align with the RHIP to discuss advocacy opportunities

9. Invite RHIP workgroup members to bring legislative priorities forward that align with the RHIP to discuss advocacy opportunities

**Investing in and Developing Data Infrastructure to Support Continuous Performance Improvement**

**AIMS**

1. Establish data subcommittee with clear objectives—Cost and Utilization Steering Committee (CUSC).

2. The CUSC will identify data points that are representative of drivers that contribute to increased healthcare costs.

3. The subcommittees of CUSC will be supported to identify concrete actions that organizations can take by December 2021.

4. Obtain three pilot participants/data contributors.

**Identifying and Addressing Inequities**

**AIMS**

1. The Governance Committee will review the Board’s bylaws to ensure equity goals are met

2. Develop and implement tools to support regular consideration and use of equity in all COHC committees and workgroups (to better respond to the needs of rural and marginalized communities)
3. Develop and begin collecting three COHC organizational DEI metrics

4. Talk with a Warm Springs representative (leadership) to find out if there is value for them in COHC Board participation

5. Survey current COHC Board members via REAL-D and current Board representative makeup

6. Define what rural and marginalized communities are and how we will measure this

7. Define what promote and ensure equity in roles will contain

8. Bolster community engagement to ensure diversity of voices during decision-making

9. Develop a meaningful relationship between the Board and the CAC

**Incentivizing Better Outcomes**

**AIMS**

1. Include outcomes-based incentives regarding social determinants in RHIP workgroup investments that demonstrate cost avoidance

2. Develop qualifications/criteria that outcomes-based incentivizing may work

3. Design a protocol with the CCO to determine minimum standards to be considered for the global budget


5. Develop ways to incentivize outcomes through at least one RHIP investment

6. Internally develop standards of demonstrated cost savings that qualify recommending a project for inclusion in contracting/the global budget
Legislative Update: February 23, 2023

The Assembly crossed the first milestone of this session – bills needed to be submitted for introduction by members and committees by Tuesday, February 21. The Senate and the House of Representatives have been introducing hundreds of new bills this week as a result.

- **Revenue Forecast**: The revenue committees in both chambers met jointly on Wednesday, February 22 to receive the latest economic and revenue forecast. Previously, the Legislative Fiscal Office and the Department of Administrative Services projected a gap between resources and expenditures of $559.2 million. This latest revenue forecast projected that an additional $696 million would be available for the next two budget cycles ($489 million for 2021-2023 and $207 million for 2023-2025). The forecast also noted the state’s reserve funds would reach their statutory cap in 2026 (the Rainy Day Fund can be no more than 7.5% of General Fund, for instance). This is an important data point as the Governor intends to tap into funds that would normally go to reserves to fund initiatives addressing housing and homelessness, behavioral health, and education.

- **Benefit Mandates**: Normally, we do not see many benefit mandates that require coverage for Oregon Health Plan members, but this session we do. One bill in particular – Senate Bill 497 – requires state medical assistance to cover computerized tomography coronary calcium score scans.

- **Coordinated Care Organizations**: Two introduced bills address the next coordinated care organization procurement by the Oregon Health Authority – House Bill 2446 and House Bill 2741. HB 2446 only delays the current procurement out to December 31, 2026. HB 2741 would create a new ten-year procurement cycle with the option of changing service areas in year six and a 15-month glidepath for re-procurement. The bills both received a hearing on Feb. 23. [Thank you again for signing on to the joint letter!] House Bill 2741 received support from two legislators on the committee and was supported by the Coalition for a Healthy Oregon. Kaiser Permanente, CareOregon and PacificSource Community Solutions all testified in support of 2446 in a single panel, as did EOCCO. COHO also supported but is asking for a four-year extension rather than the two-year extension. Relatedly, Governor Kotek attended a recent CCO CEO meeting hosted by the Oregon Health Authority, where she apparently noted in the meeting she supported a two-year extension only.

- **Behavioral Health**: House Bill 2445 addresses how peer support specialists may be certified by the Oregon Health Authority. PacificSource testified in support of the bill on February 15, as it alleviates the acute problems of certification of peers at the Oregon Health Authority. A bill that would cause issues with the auditing for fraud, waste & abuse (House Bill 2455) has not yet been scheduled. HB 2455 would place many limits on the way both commercial plans and coordinated care organizations audit behavioral health providers. We have privately communicated to the sponsor's staff issues with the bill, and it may be going through some revisions. A set of companion bills – House Bill 2462 and Senate Bill 624 – would establish certified community behavioral health clinics in Oregon. Currently, CCBHCs operate under a federal pilot program with matching funds. We are also tracking two bills that would direct the Oregon Health Authority to convene two workgroups to formally draft administrative rules to reduce the burden, House Bill 2463 and Senate Bill 620. These twin workgroups will be important to making sure that administrative requirements...
on behavioral health providers allow practitioners to provide more direct care while also protecting patient safety.

- **Health Care Costs**: Several bills would alter the cost growth benchmark first established by the Assembly in 2019, through Senate Bill 889. **House Bill 2085** (on the request of the Oregon Clinic) would convert the whole program into a Premium Growth Cost Target. The chief sponsor confirmed for PacificSource that the bill will not be moving forward. The hospital association put forward two bills they deem as conversation starters around hospital capacity. **Senate Bill 468** - heard on Monday Feb 6 - would require either the Oregon Health Authority or the coordinated care organizations to reimburse a reasonable per-diem if a person could not be discharged from a hospital for various reasons. The companion version is **House Bill 2537**, which was heard in the House on February 21. From testimony on the 21st, it appears that the Governor’s office is now involved in the conversation, as is the case for a similar issue in Washington state.

- **Reproductive Health**: The Speaker’s office convened a carrier table to gather feedback on what is now **House Bill 2002**. House Bill 2002 requires coverage for medically appropriate gender-affirming treatment as judged by the treating provider and prohibiting blanket denials of treatment deemed cosmetic. This bill will also apply to coordinated care organizations, as it will include the benefit on the Oregon Health Plan.

For questions or concerns, please contact me at (541) 284-7736 or richard.blackwell@pacificsource.com.
Central Oregon CCO & Healthier Oregon Program Service Area

74,228 January 2023 Avg Membership

**Language**
(From REALD Data)

**Interpretation Needs**
2.6% of members say they need spoken, sign language and/or other interpretation services

**Sign Language**
0.1%

**Spoken**
2.6%

**Other**
0.2%

Top Non-English Languages:
- Spanish, 4.7%
- Other, 1.4%
- Vietnamese, 0.0%
- Chinese - Trad., 0.0%
- Russian, 0.0%
- Chinese - Simp., 0.0%

**Reading Language**
- Spanish, 5.0%
- Other, 1.2%
- Vietnamese, 0.0%
- Cantonese, 0.0%
- Mandarin, 0.0%
- Russian, 0.0%

**Spoken Language**
- Spanish, 5.0%
- Other, 1.2%
- Vietnamese, 0.0%
- Cantonese, 0.0%
- Mandarin, 0.0%
- Russian, 0.0%

**Disability**
(From REALD Data)

11.1% of Members say they are living with a disability (of any kind)

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

- Communication
- Learning
- Mood, Behavior
- Deaf
- Blind
- Difficulty with Dressing or Bathing
- Difficulty Walking or Climbing Stairs
- Difficulty with Performing Errands
- Issues with Memory or Decisions
- Limited Activity in Any Way

**Primary Race / Ethnicity**
(From REALD Data)

**White**
51.1%

**Active non-response**
24.9%

**Passive non-response**
12.0%

**Hispanic or Latino/a/x**
7.1%

**American Indian or Alaska Native**
1.4%

**Biracial or Multiracial**
1.2%

**Other Race or Ethnicity**
0.7%

**Asian**
0.7%

**Black or African American**
0.6%

**Native Hawaiian or Pacific Islander**
0.2%

**Middle Eastern/Northern African**
0.1%

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

**Data provided**
0.0%

**Data not provided**
0.0%

**Declined to Answer**
13.3%

**Did not Answer**
11.8%

**Selected Unknown**
11.7%
Central Oregon CCO & Healthier Oregon Program Service Area

ENROLLMENT (FROM OHA ENROLLMENT FILES)

74,228 January 2023 Avg Membership

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th></th>
<th>Male</th>
<th></th>
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<tbody>
<tr>
<td>Child 0-18</td>
<td>18%</td>
<td>18%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult 19+</td>
<td>34%</td>
<td>29%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

52% Female 48% Male

TERMS & DEFINITIONS

Rate Groups - OHA groups members into various rating categories of aid which are also used by actuaries to set premium rates for each CCO.

ABAD - Aid to the Blind/ Aid to the Disabled
ACA - Affordable Care Act (Medicaid Expansion)
CAF Children - Children in Adoptive, Substitute, or Foster Care
CAK - Cover All Kids
CHIP - Children's Health Insurance Programs
HOP - Healthier Oregon Program
OAA - Old Age Assistance
PCR - Parent or Other Caretaker Relative
PLM - Poverty Level Medical
TANF - Temporary Assistance to Needy Families
w/ & w/o Medicare - With and without Medicare Coverage/Eligibility

OTHER TERMS:

Avg Membership - In contrast to a count of unique members covered, this reflects the average number of members covered over a period of time. Due to the nature of how members can come on/off plans in Medicaid, average membership is nearly always lower than the count of unique members with coverage during a time period.

CCO - Coordinated Care Organization

Other Interpreter - This includes interpreter code categories of assistive listening device, CART/Captioning, Tactile, and “other.”

REALD - Race, Ethnicity, Language and Disability Data. This data is optional for members to provide. It is collected by OHA and sent to CCOs in member eligibility data files.

MEMBER RATE GROUPS (FROM OHA ENROLLMENT FILES; CAK & HOP INCLUDED)

% of Membership by Rate Group

<table>
<thead>
<tr>
<th>Rate Group</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABAD &amp; OAA* (w &amp; w/o Medicare)</td>
<td>10.4%</td>
</tr>
<tr>
<td>ACA Ages 19-44</td>
<td>29.9%</td>
</tr>
<tr>
<td>ACA Ages 45-64</td>
<td>14.3%</td>
</tr>
<tr>
<td>Breast Cancer/Cervical Cancer Program</td>
<td>0.0%</td>
</tr>
<tr>
<td>CAF Children</td>
<td>1.1%</td>
</tr>
<tr>
<td>HOP - Infant or Preschool</td>
<td>0.0%</td>
</tr>
<tr>
<td>HOP - Pregnant or Postpartum</td>
<td>0.0%</td>
</tr>
<tr>
<td>HOP Adolescents</td>
<td>0.3%</td>
</tr>
<tr>
<td>HOP Ages 19-64</td>
<td>0.4%</td>
</tr>
<tr>
<td>HOP OAA &amp; PCR</td>
<td>0.1%</td>
</tr>
<tr>
<td>PLM &amp; TANF (Adults Only)</td>
<td>8.8%</td>
</tr>
<tr>
<td>PLM, TANF, and CHIP Children 0-18</td>
<td>34.5%</td>
</tr>
</tbody>
</table>