

Council Members

- Brad Porterfield, Chair
Consumer Representative,
Latino Community Association
- Elizabeth Schmitt, Vice-Chair
Consumer Representative
- Mayra Benitez
Consumer Representative
- Conor Carlsen
Consumer Representative
- Karen Correa Vazquez
Jefferson County Public Health
- Miranda Hill
Klamath County
Representative
- Linda Johnson
Community Representative
- Elaine Knobbs-Seasholtz
Mosaic Medical
- Tom Kuhn
Deschutes County Health
Services
- Mandee Seeley
Consumer Representative
- Stacy Shaw
Consumer Representative,
Crook County Health Strategist



COMMUNITY ADVISORY COUNCIL

June 15, 2023

VIRTUAL

Video Conference Link In Calendar Invite

Conference Line: 1.669.900.6833

Meeting ID: 852 966 546#

Passcode: 400494#

- | | |
|--------------------|---|
| 12:00-12:20 | Welcome – Brad Porterfield (CAC) <ul style="list-style-type: none">• Land Acknowledgement• Meeting Practices• Introductions• Public Comment / Patient Story• Approval of Meeting Notes – May• Announcements |
| 12:20-12:30 | CAC Members Small Group Breakout Session |
| 12:30-12:35 | Update on Community Engagement – Miguel Herrada (COHC) |
| 12:35-1:35 | Community Health Projects – MaCayla Arsenault (COHC) |
| 1:35-2:00 | Social Determinants Of Health (SDOH) Screening Policy:
member feedback on social needs screening and referrals–
Lindsay Atagi (PacificSource) |

Five Finger Voting:

0: No go! Serious concerns

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

2: Some concerns but will go along with it

3: Support the idea

4: Strong support but will not champion it

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

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

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

Land Acknowledgement

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



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

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

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



**COHC Community Advisory Council
Held virtually via Zoom
May 18, 2023**

CAC Members Present:

Brad Porterfield, Chair, Consumer Representative
Elizabeth Schmitt, Vice Chair, Consumer Representative
Conor Carlsen, Consumer Representative
Linda Johnson, Community Representative
Mandee Seeley, Consumer Representative
Mayra Benitez, Consumer Representative
Miranda Hill, Klamath County Public Health
Stacy Shaw, Consumer Representative, Crook County Health Strategist
Tom Kuhn, Deschutes County Health Services

CAC Members Absent:

Elaine Knobbs-Seasholtz, Mosaic Community Health
Karen Correa Vazquez, Jefferson County Health

COHC Staff Present:

MaCayla Arsenault, Central Oregon Health Council
Gwen Jones, Central Oregon Health Council
Kelley Adams, Central Oregon Health Council
Miguel Herrada, Central Oregon Health Council

Support & Guests Present:

Kristen Tobias, PacificSource
Dustin Zimmerman, Oregon Health Authority
Carolyn Black, Oregon Health Insurance Marketplace
Martha Edwards, PacificSource
Tania Curiel, Oregon Health Authority
Ana Mesina, Volunteers in Medicine

Introductions

- Brad Porterfield welcomed all attendees. To save time at the meetings, only CAC members and those 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

- Mayra Benitez read the Land Acknowledgement (see May packet for statement).

Meeting Practices

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

Public Comment/Patient Story

- Brad welcomed public comment.
- Elizabeth Schmitt congratulated Stacy Shaw on her scholarship from Soroptimist International of Bend.
- Mande Seeley thanked Kristen Tobias for help with navigating benefits.
- Stacy Shaw also thanked Kristen Tobias for help with interpreting the renewal letters from OHP. Kristen let the CAC members know to reach out to her or customer service if there are ever any questions.

Approval of April Meeting Notes

- Brad Porterfield asked the CAC members in attendance to vote on approving the notes from April. There were no objections to the meeting notes, so they are approved.
- Kristen provided a follow-up from the April meeting. The average number of unique riders for Non-Emergency Medical Transportation (NEMT) in 2022 for Central Oregon was 1,089. Also, Kristen shared that reimbursement for mileage/hotel/food can take 30-45 days.
- Stacy Shaw shared that at a local WIC meeting it was voiced that the forms for reimbursement are difficult to understand and fill out. And one of the biggest hurdles for NEMT is that there are drivers who can get very frustrated over car seats and booster seats. Kristen is very interested in connecting with the WIC group to hear more about their concerns.

Community Engagement

- Miguel Herrada explained that his presentation would be focusing on getting the CAC's advice about how to better engage the Community into the work of Central Oregon Health Council.
- How should the Board, Workgroups and Committees express their intention of working to advance DEI as a priority?
 - Partner with other leader organizations to have a shared DEI priority across the region

- We need to be more visible to the community. I believe most consumers have no idea the health council or CAC exists - so we need to do better. Eg. workgroups exist, what we're working on
- not traditional M-F, 9-5 meeting times
- Identify and engage non-healthcare/clinical community partners eg. faith groups
- Reduce silo-ing of workgroups... diversify partners working on a priority
- What do the Board, Workgroups and Committees need to become more inclusive and welcoming to community members?
 - Consider what we as the CAC member can spread the word. When people are sharing experiences, inform and invite them to the COHC and groups
 - Enlarge the vision of the structure (expand past M-F 9-5)
 - We need to incorporate different ways of inviting community voices: in-person where community lives/socializes, text, phone, social media
 - We need to get back to occasional in-person meetings
 - Include interpretation for every meeting, subtitles and Spanish.
 - what about in-person in areas where we can also promote
- What can the Board, Workgroups and Committees change to improve the power balance between the COHC and the communities at the moment of taking decisions?
 - All communities are represented. Consider ways that community can be represented and active, even if official seat is not physically present
 - Include more consumer reps
 - Abolish the physical separation/circle at the BOD meetings, allow everyone to the circle, community members and BOD members physically side by side
- **ACTION ITEM:** Kelley Adams will email the last 3 questions for the CAC members to answer for Miguel.
 - **Topic:** How do we support community representatives to fully participate in the work of the COHC?
 - **Questions:**
 - How do we create a trustful relationship with them?
 - How can we support their ability to collaborate and feel welcome working the COHC?
 - How do we support their leadership and advocacy development?

Community Health Projects

- MaCayla Arsenault reviewed the latest updates on the 2023 Community Health Projects process. There is approximately \$2.3 million to invest and the funding decisions must be made by November 2023.
- The sub-group that has been meeting outside of the CAC meetings came up with 3 themes for the new process:
 - Identify 1-2 priority issues to identify
 - Fund few large projects
 - Fund new or not previously funded organizations

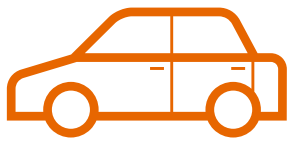
- The proposed process from the sub-group was to fund a couple large projects per county (Crook, Deschutes, Jefferson, Northern Klamath, and the 3 tribes)
 - Divide the \$2.3M equitably based on needs and health disparities among counties and tribes
 - Have individual RFPs per county with dedicated funding
 - Provide tribal funding to tribal liaison to work with the tribes. Separate from RFP process.
 - Each grant request will be a minimum of \$100,000
 - Maximum project timeframe of 5 years
 - Applications are tiered in two. CAC will review, score, and decide on funding on Tier 1 and then if funds remain, CAC will review, score, and decide on Tier 2.
 - Tier 1: Organizations that haven't been funded previously by CHP funds
 - Tier 2: Previously CHP grantees
- Topics of discussion or concern are:
 - Would like to know more about where the funds are exactly going. Has social determinates of health been addressed from the Central Oregon Health Council investments?
 - Putting an organization in Tier 2 may impact them negatively by potentially not having a chance for the funding.
 - Get feedback from applicants on the Community Health Projects process.
 - Look at other ways to distribute the funds by county.

COHC Community Advisory Council

Focus Group for the 2024 Regional Health Assessment

The 2024 Regional Health Assessment is a snapshot of what is important to community members when it comes to health and wellness. Central Oregon Health Council is hosting a focus group to learn what the COHC Community Advisory Council members want to elevate as important issues for the 2024 Regional Health Assessment.

What's in it for you?



**Your
mileage is
covered**



**Your regular
\$45 Stipend**



**\$100 Gift Card
to a gas station
or grocery
store of your
choice**



**Catered
Lunch**



**Child care
for anyone
who needs it**



**High Desert Education
Service District
2804 SW 6th St.
Redmond, OR 97701**



**July
20th**



**Noon to
1:30pm**

SIGN UP at: <https://forms.gle/X8yMuQosMAuYQXWr8>

2020-2024 Central Oregon Regional Health Improvement Plan 2023 Progress Report

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

The Central Oregon Regional Health Improvement Plan (RHIP) is a five-year plan, beginning in January 2020 and ending in December 2024. Two million dollars for each of the six priority areas will be invested back into the communities within Central Oregon, totaling \$12 million. At the time of this report, RHIP workgroups have allocated \$7.2 million of the \$12 million back into the region.

RHIP workgroups developed a [Standard Grant Scorecard](#) to use when reviewing projects. The scorecard asks voting workgroup partners to consider a potential project based on the following:

- details of the project
- diversity, equity, and inclusion
- evaluation and sustainability
- project supports and partnerships
- budget

The scorecard is available to all potential applicants while completing their letter of interest or full application.

In September 2020, the Central Oregon Health Council (COHC) launched the [Central Oregon Health Data](#) site. [Spanish](#) translation is available. This site is a continuously updated database (qualitative and quantitative) used to track health-related aspects of Central Oregon communities. This site is accessible to anyone who wants the most up-to-date information on over [250 demographic](#) elements and [383 health-related indicators](#). These data points are available at the region, county, community (town), zip code, and even neighborhood level depending on the data source. The health data website is designed around the RHIP and highlights the six priority areas and progress toward each measure. Please see past and current projects funded to support each priority area below:

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



The site also has local, state, national, and federal [funding opportunities](#), [promising practices](#), a [community calendar](#), and a growing [resource library](#). Individuals and organizations can contact us to add data elements they would like to share with the region ([example](#)). Users can [build custom dashboards](#) and share the links with partners or other community members.

Strategies used to address the RHIP health priorities

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

As of June 2023, the following RHIP Future State Measures have projects and strategies receiving funding:

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

- Decrease sexually transmitted infections.
- Increase two-year-old immunization rates.
- Increase the proportion of pregnancies that are planned.
- Establish a regional measure for belonging and measure yearly.
- Develop a method to measure timeliness and engagement when referred from primary care to specialty behavioral health.
- Increase fruit and vegetable consumption and physical activity among youth.
- Decrease binge drinking rates among 18-34 year-olds.
- Increase high school graduation rates among economically disadvantaged students.
- Decrease combined severely rent and mortgage burdened households.
- Decrease the percent of individuals who are ALICE.
- Increase letter name recognition and kindergarten readiness among youth experiencing economic disadvantage and among underserved races.
- Increase third-grade reading proficiency among youth experiencing economic disadvantage and among underserved races.
- Decrease asthma and diabetes rates.
- Increase individuals receiving both an annual wellness exam and a preventative dental exam.
- Decrease vaping and e-cigarette use among youth.
- Create a system and accurately capture individuals experiencing homelessness
- Increase Housing Choice Voucher holders able to find and lease a housing unit
- Increase individuals having 2+ additional service for SUD within 30 days of their initial treatment

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

Individuals representing many organizations have helped implement priorities and strategies in the RHIP or given input and expertise on one of the RHIP priority area workgroups. Workgroup members represent the following organizations; health (hospital, primary care, behavioral health, dental, surgeons, pharmacy, public health), education (K-12, early learning, post-secondary, community), infrastructure (public works, transportation, utilities), justice (law enforcement, jail, parole, lawyers), government (elected officials, tribal, county, city, and state offices), and non-profits/social services (WIC, Boys and Girls Club, Partners in Care). Workgroups also gain insight from community representatives from towns throughout Central Oregon, the CAC, Provider Engagement Panel, Operations Council, Central Oregon Diversity Equity and Inclusion (CODEI), and even Board of Directors member participation.

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

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

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

FUSE
Gentle Dental
Gero Leadership Alliance
Habitat for Humanity Bend
Redmond
Habitat for Humanity LaPine
Sunriver
Haelan House
Hat Creek Counseling
Healing Justice Collective
Healing Reins Therapeutic Riding
Center
Healthy Beginnings
Heart of Oregon Corps
Hearthside Medicine Family Care
High Desert Education Services
District
High Desert Food and Farm Alliance
High Desert Healthy Families
Homeless Leadership Coalition
Homestead Family Medicine
Housing Works
Hunger Prevention Coalition
Ideal Option M.A.T.
Infinite Healing Solutions
J Bar J Youth Services
Jefferson County Faith Based
Network
Jefferson County Public Health
Department
Jefferson County School District
509J
Jefferson County Youth
Organization
Jericho Road
Juniper Mountain Consulting
KIDS Center
Kindred Circle Care
Klamath County Health Department
Kôr Community Land Trust
La Pine Community Health Center
(FQHC)

La Pine Community Kitchen
La Pine Eyecare Clinic
La Pine Park and Recreation District
La Pine Senior Citizens
Latino Community Association
LG Behavioral Health
Lifetime Vision Care
Lighthouse Counseling Services
Lines for Life
Madras Police Department
Mecca Bend
Medical Teams International
Metolius City Council
Mosaic Medical (FQHC)
Mountain Start Family Relief
Nursery
Mountain View Fellowship
Nami Central Oregon
National Association of Mental
Illness
NeighborImpact
New Priorities Family Services
Novo Nordisk
Oasis Village
ODS Community Dental
OHSU
OHSU Knight Cancer Institute
Older Adult Behavioral Health
Initiative
Oregon Council for Behavioral
Health
Oregon Dept of Human Services
Oregon Health Authority
Oregon Health and Science
University
Oregon Liquor Control Commission
Oregon Pediatric Improvement
Project
OSU Cascades
OSU Extension
OSU Migrant Services
PacificSource Community Solutions

(CCO)
Pain Advisors
Parkinson's Resources of Oregon
Partners in Care
Paulson's Floor Coverings
PAWsitive Choices
Pfeifer & Associates
Planned Parenthood
Praxis Medical Group
Quon Design and Communication
REACH
Redemption House Ministries
Redmond Proficiency Academy
Redmond School District
Redmond Senior Center
ReVillage
Rimrock Trails
Ronald McDonald House Charities
Sagewood Sanctuary
Samara Learning Center
Saving Grace
Seed To Table Oregon
Shelter4Youth
Sisters Habitat for Humanity
Sisters Park and Recreation
Sky Lakes Medical Center
Foundation
SMART Reading
SriPonya
St. Charles Health System (Hospital)
St. Vincent De Paul Redmond
St. Vincent de Paul Society Bend
Stroke Awareness Oregon
Summit Health
Sunstone Recovery
Teen Challenge
The 1017 Project
The Center Foundation
The Child Center
The Confederated Tribes of Warm
Springs
The Cottage Daycare

The Door at Three Rivers
The Environmental Center
The Giving Plate
The Shield
TRACEs Central Oregon
Treehouse Therapies
Thrive Central Oregon
United Way of Central Oregon
University of Wyoming
Upstream Public Health

Volunteers in Medicine
Warm Springs Community Action Team
Weeks Family Medicine
Wellness Bend
Wellness Through Horses, LLC
Westside Church
Wild Rose Ranch (Warm Springs)
Workability
Worksource Oregon

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

Workgroups for each of the six priority areas began meeting in January 2020. Around 250 individuals volunteer their time to serve on workgroups. Workgroup members represent communities throughout Central Oregon and various industries aiming to improve health and well-being. Additional information about workgroups can be accessed below, including; names of voting partners, past meeting packets, future meetings, efforts made over the last year, and health council staff supporting each workgroup:

1. Address Poverty and Enhance Self-Sufficiency

- The workgroup invested \$428,000 in five programs and initiatives to increase high school graduation rates among economically disadvantaged students living across Central Oregon.
- The workgroup invested \$247,000 in six programs to reduce food insecurity by connecting people and establishing pathways to enhance community resources.
- The workgroup funded a multi-phase project to conduct listening sessions among those who are ALICE to determine the unique needs of different communities. The listening session will have an emphasis on housing and transportation costs. Results will inform diverse approaches for each community to improve outcomes and meet the Future State Measures.

2. Behavioral Health: Increase Access and Coordination

- The workgroup is making investments to streamline care coordination and communication between primary care and specialty behavioral health providers by enhancing the use of shared language and improving appropriate referrals to the right level of care.
- The workgroup invested \$550,000 to develop a regional and culturally responsive method to measure timeliness and engagement with specialty behavioral health when referred from primary care.

- The workgroup is investing \$998,000 to create and support a community-driven initiative for behavioral health (BH) workforce development in Central Oregon's rural areas. This long-term pipeline development effort will infuse local learners into behavioral health careers.
- The workgroup invested \$265,000 to financially support an effort to develop a regional and culturally responsive method to standardize screening processes between primary care organizations and specialty behavioral health providers to ensure that clients receive the appropriate level of behavioral health care and follow-up across various services in Central Oregon.

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

- The workgroup invested \$489,000 on five projects to increase youth fruit and vegetable consumption and physical activity.
- The workgroup invested \$500,000 to decrease sexually transmitted infection rates.
- The workgroup is addressing coordination between oral health providers and primary care.

4. [Stable Housing and Supports](#)

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

5. [Substance and Alcohol Misuse: Prevention and Treatment](#)

- The workgroup is exploring enhancing the Screening, Brief Intervention, and Referral to Treatment (SBIRT) within clinics to address binge drinking.
- The workgroup invested \$150,000 to assess the disparities and key drivers of binge drinking among 18-34 year olds.
- The workgroup funded a project to assess the community's interest and readiness to implement healthy retail locations. This project will lay the groundwork for future Healthy Retail projects by identifying interested businesses and gathering community members' input and desires.
- The workgroup invested \$385,000 on five projects for organizations to sustain their Peer Support Specialists (PSS) positions while hiring a consultant to work on PSS sustainability at the organization and system level.

6. [Upstream Prevention: Promotion of Individual Well-Being](#)

- The workgroup invested \$225,000 in regional programs that support letter name recognition and reading for priority populations. Priority populations include those from rural communities or urban neighborhoods experiencing economic oppression. Students

who identify as Black/African American, Native American/Alaskan Native, Latino/a/x, Asian/Pacific Islander, multiracial, or disabled. Migrant students, runaway youth, or those receiving care through the foster system, and students eligible for free or reduced-price lunch.

- The workgroup invested \$419,000 towards regional childhood immunization and quality improvement programs, including coordinators who work with private, community, and public health clinics throughout Central Oregon. Coordinators collect and analyze immunization data, improve data quality, and collaborate with clinics to provide strategies and interventions that support improved vaccine rates. Clinics serving vaccine hesitant patients, children and families experiencing houselessness, and those living in rural communities or city neighborhoods that experience economic oppression receive tailored support. Additionally, clinics caring for people who identify as Black/African American, Native American/Alaskan Native, Latino/a/x, Asian/Pacific Islander, multiracial, disabled, and migrant children or those receiving support from the foster care system receive support.
- The workgroup invested \$300,000 to create and implement a three to five-year media campaign promoting conditions of a healthy pregnancy. Priority audiences include people aged 14-29 and their partners, people with incomes less than 200% of the federal poverty level and their partners, people cohabitating, people of color, and youth questioning their gender identity. The media campaign will reflect the cultural diversity and intersectionality of identity for all people and regions prioritized above and translated into Spanish. It will utilize positive language about the benefits of planned pregnancy and support non-judgmental care.
- The workgroup invested \$350,000 to create, implement, analyze, and re-measure a community-level metric for resilience and belonging. This project is a continuation of the region's effort to understand and respond to our communities' experiences, strengths, and need for belonging.

Regional grant opportunities are released on a rolling basis [here](#) in addition to being shared with the public through partners covering the region. We also ask partners to share funding opportunities with any organizations that might be a good fit.

To date, funding has been awarded for the following measures:

- Increase the availability of behavioral health providers in marginalized areas of the region.
- Standardize behavioral health screening services for appropriate levels of care across services.
- Reduce mental health/substance abuse ED visits in marginalized areas of the region.
- Increase additional services for alcohol and drug dependence for individuals newly diagnosed.
- Decrease food insecurity.
- Decrease sexually transmitted infections.
- Increase two-year-old immunization rates.
- Increase the proportion of pregnancies that are planned.
- Establish a regional measure for belonging and measure yearly.

- Develop a method to measure timeliness and engagement when referred from primary care to specialty behavioral health.
- Increase fruit/vegetable consumption and physical activity among youth.
- Decrease binge drinking rates among 18-34 year-olds.
- Improve high school graduation rate among students experiencing economic disadvantage.
- Decrease combined severely rent and mortgage burdened households.
- Decrease the percent of individuals who are ALICE.
- Increase the percentage of Housing Choice Vouchers (HCV) holders that can find and lease a housing unit.
- Develop and utilize a comprehensive system for accurately capturing the extent of Central Oregonians experiencing homelessness.
- Increase letter name recognition at kindergarten readiness among youth experiencing economic disadvantage and among underserved races.
- Increase third-grade reading proficiency among youth experiencing economic disadvantage and among underserved races.
- Decrease housing and transportation costs as a percent of income.
- Decrease asthma, cancer, cardiovascular disease, and diabetes rates.
- Decrease risk factors for cardio-pulmonary and/or preventable disease.
- Increase individuals receiving both an annual wellness visit and preventative dental visit.
- Decrease vaping or e-cigarette use among youth.

The workgroups have also funded \$514,070.54 in mini-grants (\$5,000 or less) to more than 100 projects serving areas in Crook, Deschutes, Jefferson, northern Klamath, and the Confederated Tribes of Warm Springs since its launch in January 2020. These mini-grants have influenced 24 of the 26 Future State Measures in the 2020-2024 RHIP ([Mini-Grant Opportunities](#)).

In addition to mini-grants funding at least one more Future State Measures in the 2020-2024 RHIP, the workgroups also helped review and fund almost \$575,000 in COVID support in mini-grants throughout the region focusing on prioritized populations (124 projects) ([COVID-19 Final Report](#)). These COVID mini-grants have affected 21 of the 26 Future State Measures in the 2020-2024 RHIP.

The region's first [Racial Equity Data Roadmap](#) was published in the summer of 2021. This document is helping workgroups and committees in their decision-making processes.

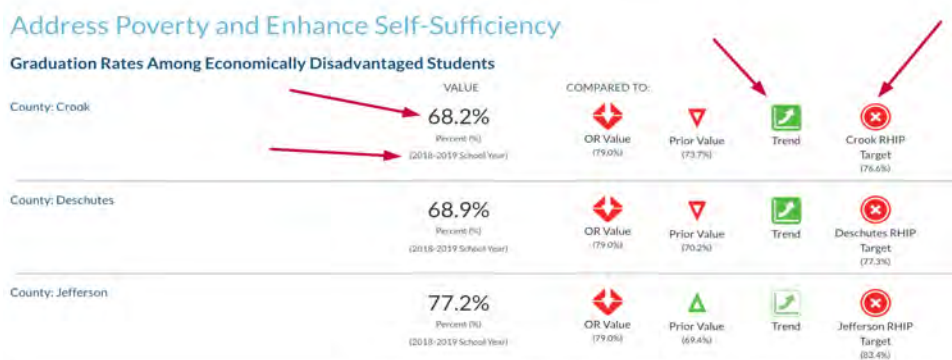
[Identification of the data used, and the sources and methodology for obtaining such data, to evaluate and validate the progress made toward metrics or indicators identified in the RHIP](#)

Workgroups track progress using the dashboard in the link below. Every measure shows the data source, the current year's data, the trend over time, and when a future state

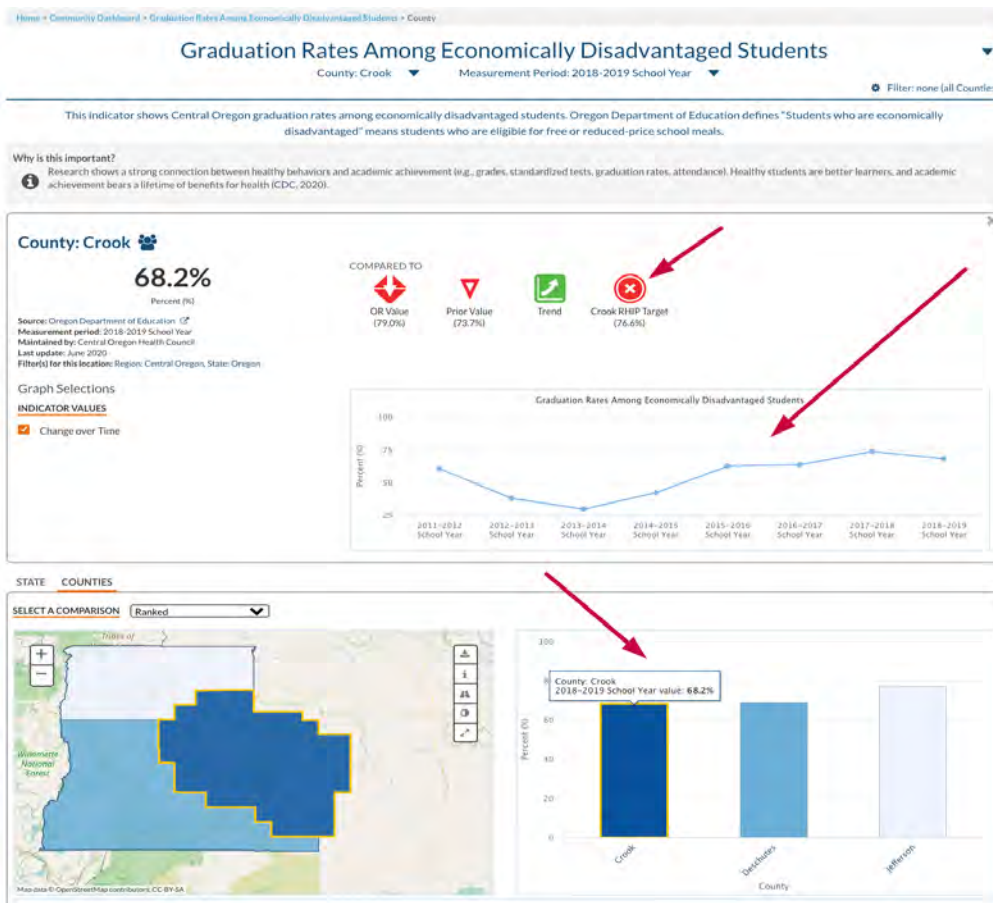
measure is met. Website data is updated annually and some instances, more frequently. Workgroups review data monthly.

2020-2024 RHIP Dashboard Metrics Tracker:

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



To learn more, please click the link above and select Crook County. There is detailed information about the data, including actual data and trends over time. You can also see how the data looks compared to the other counties in the region, as shown in the screenshot below.



To explore RHIP progress, please click each of the priority area pages below. There you will find starting point data from the 2020-2024 RHIP and links to current data by measure, which shows the data source, the trend over time, and when RHIP targets are met.

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

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

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

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

☰
Measure #1: Increase high school graduation rates among economically disadvantaged students.
Dec 2024

✔

Current State (2020)
In the 2017-18 school year Central Oregon graduation rates among economically disadvantaged students were:

2017-18 4-year Graduation Rate by County (weighted)		
	All Students	Economically Disadvantaged
Crook:	78.10%	73.60%
Deschutes:	82.50%	74.30%
Jefferson:	80.20%	80.40%

Source: OR Dept. of Education 2017-18

See latest data for this measure

➤

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

2023-24 4-year Graduation Rate by County (weighted)

To learn why measures in each priority area were selected, please click "why are these measures important" as shown in the screenshot below.

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

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

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

[Why are these measures important?](#)

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

What We're Learning About Economic Stability

In Central Oregon, there are already dozens of innovative projects working toward these measures.
Take a look through the list below to learn more.

- Promoting a Healthy Environment
- Central Oregon FUSE
Housing First for Central Oregon
- Veggie Rx
- THRIVE Central Oregon

What We're Learning About Education

In Central Oregon, there are already dozens of innovative projects working toward these measures.
Take a look through the list below to learn more.

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

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



Mini Grants

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

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



Promising Practices

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



Get Involved

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

Related National Funding Opportunities



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



Elton John AIDS Foundation [↗](#)



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



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

In addition to the six RHIP workgroups reviewing data monthly, the Central Oregon Health Council [Board of Directors](#), the [Community Advisory Council](#), the [Diversity, Equity, and Inclusion Committee](#), the [Provider Engagement Panel](#), and [the Operations Council](#) review progress regularly. Additionally, various community-based webinars and meetings provide progress updates frequently to partners.



CCO Appeals and Grievance Central Oregon



Appeals and Grievances

- Appeals are requests from members or their representative requesting reconsideration of a denial
- Grievances are complaints or any kind of expression of dissatisfaction from a member or their representative.

Complaints – 2023 1st Quarter

- Primary reason for complaint is for interaction with provider/plan
 - Misunderstanding information provided to member by either provider's office or by plan representatives
- Secondary reason for member complaint is due to access to care
 - Challenges with scheduling
 - Transportation

	Q1(2023)
Average Enrollment	75,178
Access to Care	65
Interaction with Provider/Plan	75
Consumer Rights	25
Quality of Care	11
Quality of Service	14
Client Billing	27
Total Grievances	217
Rate per 1000 members	2.89
% Resolved within 5 business days	44.2%
% Resolved between 6 & 30 days	55.8%
% Resolved past 30 days	0%

Appeals – 2023 1st Quarter

- Primary appeal reason due to denied claim
 - Diagnostic Studies
 - Specialty Services
- Secondary reason due to denied authorization
 - Outpatient services (e.g. elective surgeries)
 - Medications

	Q1(2022)
a) Total Denial or limited authorization of a requested service	56
b) Total single PHP service area, denial to obtain services outside the PHP panel	3
c) Termination, suspension, or reduction of previously authorized covered services	0
d) Failure to act within the timeframes provided in CFR 438.408	0
e) Failure to provide services in a timely manner as defined by the state	0
f) Denial of Payment, at the time of any action affecting the claim	65
g.) Denial of a member's request to dispute a financial liability	0
Total Appeals received in the quarter	124
Rate per 1000 members	1.65
% Denials overturned on appeal	35.5%
% of appeals where timeframe was extended	0.02%
% Notice of Appeal Resolution (NOAR) issued after 30 days (standard 16 days with possible 14 day extension)	0.0%
% Notice of appeal resolutions issued after 17days (expedited – 72 hours with possible 14 day extension)	0.05%

Actions and Strategies

- Partnering with Transportation brokerages to identified actions to address service and access
- Dental Health access improvements
- Partner to ensure out-of-network, non-Medicaid providers are given an opportunity to enroll with the state

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