# CENTRAL OREGON HEALTH COUNCIL

## Board of Directors Meeting Agenda

**DATE**  
Thursday, March 14, 2024

**LUNCH**  
12:00 pm

**MEETING**  
12:30–3:30 pm

**LOCATION**  
Jefferson County Public Health | 500 NE A Street, Madras

To join via Zoom, register here for the meeting link:  
https://us02web.zoom.us/meeting/register/tZwsdu6trTMiH9zQlsWdA3zRR7flvhN34lg

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<td>Welcome, Public Comment, and Announcements</td>
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<td>12:40–12:45</td>
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<td>12:45–1:05</td>
<td>Draft 2024 CCO Performance Metrics</td>
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<td>1:05–1:25</td>
<td>2024 QIMs Overview</td>
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<td>1:25–1:45</td>
<td>2022 Behavioral Health Shared Savings Distribution</td>
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<td>1:45–2:15</td>
<td>Board Education: The CCO and the JMA</td>
<td>Erin Fair Taylor</td>
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<td>2:15–2:55</td>
<td>Deep Dive: Measuring Success</td>
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<td>Adjourn</td>
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<td>3:00–3:30</td>
<td>Executive Session</td>
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**Consent Agenda**
- Board Minutes February 2024
- COHC 2022 Financial Audit (complete)
- COHC Employee Handbook

**Written Reports**
- Behavioral Health Shared Savings Distribution
- The COHC–CCO Relationship and Agreements
- Deep-Dive Discussion: Measuring Success
- COHC Director’s Report
- CCO Director’s Report
- CAC Minutes February 2024

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*The COHC Board of Directors reserves the right to transition into executive session at any point during the Board meeting.*
A meeting of the Board of Directors (the “Board”) of Central Oregon Health Council, an Oregon public benefit corporation (the “Corporation”), was held as a hybrid meeting at 12:30 pm Pacific Time on Thursday, February 8, 2024, at the Unitarian Universalist Fellowship and online via Zoom. Notice of the meeting was sent to all members of the Board in accordance with the Corporation’s bylaws.

DIRECTORS
☐ Tammy Baney, Chair, COIC
☒ Linda Johnson, Vice Chair, Community Representative
☒ Patti Adair, Deschutes County Commissioner
☒ Gary Allen, Advantage Dental
☒ Paul Andrews, High Desert ESD
☐ Seth Crawford, Crook County Commissioner
☒ Megan Haase, Mosaic Community Health
☒ Brad Porterfield, CAC Chair, Community Representative
☒ Emily Salmon, St. Charles
☐ Divya Sharma, COIPA
☒ Kelly Simmelink, Jefferson County Commissioner
☒ Justin Sivill, Summit Health
☒ Dan Stevens, PacificSource
☒ Rick Treleaven, BestCare Treatment

GUESTS
Kelley Adams, COHC
MaCayla Arsenault, COHC
Lindsay Atagi, PacificSource
Mary Burns, COHC
Jeff Davis, PacificSource
Erin Fair Taylor, PacificSource
Janice Garceau, DCHS
Bradley Garner, COHC
Avery Grace, COHC
Miguel Herrada, COHC
Laurie Hill, COPA
Gwen Jones, COHC
Heather Kaisner, DCHS
Kat Mastrangelo, VIM
Donna Mills, COHC
Katie Plumb, Crook County
Justin Samudio, PacificSource
Mike Shirtcliff, Redmond Dental Group
Camille Smith, COHC
Tricia Wilder, PacificSource
Dustin Zimmerman, OHA
Linda Johnson called the meeting to order and announced that a quorum of directors was present, and the meeting, having been duly convened in accordance with the Corporation’s bylaws, was ready to proceed with business.

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

PUBLIC COMMENT
Ms. Johnson invited public comment. Brad Porterfield shared that he had gotten on OHP and after the initial communication had received no further response. In December, he got coverage through Marketplace and was signed up within a week. He thought OHA could do better.

Donna Mills announced that the Executive Committee had discussed the use of AI and agreed that the Health Council will not use it in meetings. COHC meetings are recorded primarily for staff use, to capture action items and verify minutes as needed. The Board meeting minutes will continue to be posted on the website.

CONSENT AGENDA
The consent agenda consisted of the December meeting minutes.

MOTION TO APPROVE: Patti Adair motioned to approve the consent agenda; Paul Andrews seconded. All were in favor and the motion passed unanimously.

CCO BUDGET REVIEW AND APPROVAL
Justin Samudio, director of financial planning at PacificSource, gave a high-level review of the CCO budget previously presented to the Finance Committee, who recommended approval to the Board. He gave a summary of the actual numbers and key assumptions that went into their projections. The budget packet was presented with a comparison of 2023 figures to projected 2024.

Budgeted membership was expected to decrease due to redetermination, which would drive lower revenues but also lower claims. The shared savings budget estimate was projected to be a surplus of $10.4 million at that time. Despite the membership decrease to the more traditional OHP membership, there was an increase in HOP and Bridge. In July 2023, the HOP rates were expanded to cover adults. Bridge, which is more of a shift over from the OHP membership block, will expand member coverage to 133–200 percent FPL. Tricia Wilder added that her Director’s Report (included in the meeting packet) had some detail on HOP and redetermination through December. Neither HOP nor Bridge will count toward the quality incentive measures.
Erin Fair Taylor explained that a couple of things had shifted from OHA since the CCO began forecasting for 2024. They had only learned this information the previous Friday so the numbers hadn't been updated. The CMS had identified glitches in the redetermination process at the federal and state level, so they reinstated Medicaid enrollment in November and December for many people who had already received termination notices. This resulted in an increase in membership in December. The state will recheck and many will likely come off again. Also, OHA was planning on updating eligibility and enrollment systems so further changes could occur. As a result, they were slowing down the process and proposed to CMS that they push the timeline out to February 2025. Many more will remain enrolled for this year than projected.

Ms. Johnson asked whether there were further questions and, if not, requested a motion to approve the CCO budget.

MOTION TO APPROVE: Rick Treleaven made a motion to approve the 2024 CCO budget; Gary Allen seconded. All were in favor and the motion passed unanimously.

COHC 2024 BUDGET
Megan Haase offered appreciation to returning interim Executive Director Donna Mills for taking on the Health Council budget at short notice. Ms. Mills presented the 2024 budget, which was also recommended for approval by the Finance Committee. She shared that she had read through everything in the auditors’ financial statements, which the budget reflected, including addressing the material discrepancy. Staffing changes (two new project managers) and the RHA and RHIP (which drive up costs significantly) were the major changes. She pointed to the advantage of having the CCO budget as she was able to take numbers directly from it and plug them in. She mentioned that the auditor for the 2023 books would probably be Jones and Roth again.

Ms. Johnson asked whether there were further questions and, if not, requested a motion to approve the COHC budget.

MOTION TO APPROVE: Mr. Treleaven made a motion to approve the 2024 COHC budget; Ms. Adair seconded. All were in favor and the motion passed unanimously.

POLICY GOVERNANCE 101
Ms. Johnson reminded the Board that Governance brought a proposal in December for monthly education to reground existing Board members and participate in new member orientation. The Board approved a twelve-month education process and also approved deep dive topics, which would be more discussion than education. Governance Committee members Kat Mastrangelo and Emily Salmon were there to present on Board roles and responsibilities and COHC bylaws and legislation, respectively. With Mr. Andrews retiring in March, the Board would be asked in March and April to review the composition of the Board and discuss the process for making changes.
Ms. Mastrangelo gave a high-level overview of the roles, responsibilities, and expectations of the Board of Directors. She noted that there were three main sources of COHC governance documents: state legislation, the COHC bylaws, and the Board policy manual. The bylaws include policies and procedures for the CCO and JMA, the RHIP, coordination of regional Health and Human Services provisions, the global budget and provider contracts, and dispute resolution. COHC also monitors and evaluates the RHA and RHIP, the regional quality plan, and the performance of the CCO. The Board manages COHC’s business affairs, makes appointments to the required councils (Operations, CAC, and PEP), creates advisory councils as needed, and designates Board representation to committees.

The policy manual has four sections: Purpose Statement, Governance Process, Executive Limitations, and Board Management Delegation. In the governance section, the Board agreed to an optimized board structure, responsibility for themselves as a Board, leaning in to visionary leadership, and holding themselves accountable through self-discipline and review. Board responsibilities encompass strategic planning, connecting with stakeholders, written governing policies, and oversight of the Health Council’s performance. The Board established a code of conduct, which includes fulfilling its legal responsibilities to COHC with a duty of care, duty of loyalty, and duty of obedience; avoiding conflicts of interest; respecting Board process and authority; and maintaining engagement, with a minimum 75 percent meeting attendance. There are three standing Board committees—Finance, Governance, and the CAC Selection Committee, separate from the three legislated councils. And finally, the Board will invest in its own governance capacity, including trainings and education.

Ms. Salmon discussed the requirements for Board seats, presenting a spreadsheet that mapped Board composition based on ORS 414.572, SB 648, and the bylaws. Appointments from the three counties are called for, as well as St. Charles, PacificSource, Mosaic, COIPA, Summit, Advantage, Behavioral Health, and CAC (the chair and a second CAC member). There are potentially three directors at large positions; two currently represent High Desert ESD and COIC. There is a requirement for at least two healthcare providers in active practice.

Ms. Johnson explained that the 15th seat was formerly occupied by Eric Alexander and the Board must decide if they still want end-of-life care or another area represented. Ms. Salmon noted that Governance would discuss and bring recommendations back to the Board, as well as meet with the CCO to ensure cohesion with the JMA. Mr. Andrews emphasized the importance of education in this work, and pointed out that HDESD is the regional educational entity for the tricounty area. The seat doesn’t have to be held by the superintendent, but he encouraged the Board to consider his successor.

Ms. Johnson shared that Governance had asked all COHC committees to review their charters and establish metrics for their work. The charters will be presented to the Board for approval once the review process has concluded. Governance will also review the bylaws and recommend any necessary changes to the Board.
CCO Performance Metrics Q4 2023

Ms. Wilder highlighted five of the eight metrics in her end-of-year reporting. QIMs were still holding in yellow. Although we had met many of the measures, the CCO hadn’t finished all the calculations and didn’t know if we would meet all of the SE and SDOH-E attestation metrics. Lindsay Atagi shared that the social-emotional work was still largely internal, consisting of systems building to create a strong foundation. For 2023 and 2024, the CCO will provide attestations to OHA that they are completing the work. Ms. Wilder added that they were teetering between 11 and 12 successful measures. OHA requires 12 for 100 percent payout.

For the mental health service metric, no target was set by OHA, so they had established their own goal of 66 percent and achieved 64.4. Central Oregon has the second highest mental health access rate for all CCOs in the state of Oregon.

For the positive net income metric, they had a year-to-date operating gain of $30.9 million as of November, compared to the budgeted gain of $17.4 million. Membership was the main driver, with 10,000 more members than expected. The CCO also achieved well-managed ED utilization, which was currently measured at 390 visits PTMPY as compared to the well-managed rate of 510. Ms. Wilder added that Karly Hedrick would come to the Board again for a deeper dive on cost of care.

The NEMT complaints metric was still in yellow and had risen in Q4. They had learned that a truer metric would have been the total number of complaints, not a percentage. The CCO had had a reduction in the number of overall complaints, in fact.

RHA and RHIP Process Update

Gwen Jones gave an overview of the process for this RHA–RHIP cycle. The Board will be involved in the important step of prioritization to identify which priority areas we will focus on for the next five years. Prioritization draws from the RHA, state and federal priorities, best practice prioritization tools, and community feedback. After that, goals and strategies will be identified. Collecting and aggregating the RHA data took a great deal of time and effort; following data triangulation and descriptive analysis, the draft work would begin to emerge shortly. The process has grown and evolved based on learnings from prior cycles. The goal is to complete the RHA in April.

Miguel Herrada provided more detail around the work. To collect qualitative data that was usable, the values had to be built, steps designed to create the methodology, and the process defined to collect in a culturally appropriate and collaborative way. Mr. Herrada acknowledged the RHA Core Development Team, composed primarily of regional public health partners, plus representation from St. Charles and the CCO, as well as the RHA Steering Committee. He highlighted the community engagement investment in accessing primary sources and establishing community connections for future collaborations.
MaCayla Arsenault covered the 2024 RHIP timeline. Staff started planning in December, alongside the Core and Steering Committees. After publishing the RHA in late spring, May and June will be given over to prioritization and selection of focus areas, which the Board and CAC will determine in a combined meeting. The development and creation of the RHIP will take place from July through December, with publication expected in January 2025. Extra time is being allocated to develop the plan and ensure a more inclusive process that involves workgroup members and community experts. This will create more community ownership and buy-in and will also allow for quicker implementation.

ED RECRUITMENT
Ms. Johnson asked if any other Board members were interested in being on the Executive Search Committee. Ms. Haase, Ms. Salmon, Mr. Treleaven, Ms. Wilder, and Ms. Mills volunteered to serve. Ms. Johnson advised that they were recommending an internal process, not an outside recruiter, and asked for any input on the job description (included in the meeting packet). She also asked for any considerations for the committee to take into account.

ADJOURN
With no further business to come before the Board, the meeting adjourned at 2:29 pm Pacific Time.
To the Board of Directors and Management
C/o Carmen Madrid, Executive Director
Central Oregon Health Council
P.O Box 6689
Bend, Oregon 97708

In planning and performing our audit of the financial statements of Central Oregon Health Council as of and for the year ended December 31, 2022, in accordance with auditing standards generally accepted in the United States of America, we considered Central Oregon Health Council's system of internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and, therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as discussed below, we identified a certain deficiency in internal control that we consider to be a material weakness.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the Organization's financial statements will not be prevented, or detected and corrected, on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the following deficiency in Central Oregon Health Council's internal control to be a material weakness:

- During the course of our audit, we identified and proposed to management material adjusting journal entries related to grant and contract revenue, expenses, receivables, and payables. Policies and procedures should be improved over revenue and expense recognition for grant and contract funds in which the Organization has variance or decision power over the eventual awardees. An adjustment was proposed during the audit to recognize shared surplus revenues restricted for behavioral health and not decisioned by year-end. An adjustment was proposed during the audit to recognize quality incentive metric funds as revenue and expense for those amounts the Organization had variance or decision power over the eventual awardees. An adjustment was proposed during the audit to recognize revenue from the joint management agreement for funds earned in the last month of the year which was paid and received in the following year.

This communication is intended solely for the information and use of management and the Board of Directors, and others within the Organization, and is not intended to be, and should not be, used by anyone other than these specified parties.

Jones & Roth, P.C.
Bend, OR
November 30, 2023

The Right People Beside You.  
> jrcpa.com
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INTRODUCTION AND OVERVIEW

THE PURPOSE OF THIS HANDBOOK

Welcome to the team! This employee handbook for the Central Oregon Health Council is designed to familiarize you with the culture, expectations and policies that shape our workplace. Whether you’re working in the office or remotely, we’re confident that being familiar with its contents will help ensure you can enjoy the most positive and constructive professional experience as part of our company.

Keep in mind that this handbook doesn’t represent a guarantee of employment or a contract. It simply lays out the commitments, responsibilities and expectations that help us all come together to create a fair, equitable and welcoming workplace.

We’re glad to have you aboard, and we’re looking forward to seeing what great things you accomplish with us. Please read the handbook in full and consult it as needed. Feel free to direct any questions about its contents or requests for clarification to the Executive Director.

PURPOSE STATEMENT

Purpose Statement (approved June 2020) “We exist to build an equitable and integrated health ecosystem that improves the health of Central Oregonians through collaboration and partnerships, data-driven decisions, quality improvements, lowered costs, and empowered providers. Our value to the region will exceed the cost of our efforts.”

A little bit about us

In 2009, the earliest version of the Central Oregon Health Council was formed under the name Health Integration Project Transitional Board. The intention of the group was to create the first regional health alliance that would allow Crook, Jefferson, and Deschutes Counties to partner on health care transformation.

The board renamed itself Links for Health shortly after to honor James Link, a patient who suffered from multiple comorbidities and was not empowered to thrive in the existing health care system; as a result, he passed away early in life. The group later submitted an intergovernmental agreement from the three Central Oregon counties, and this was made official by the state under the name Transitional Board.

In 2011, Deschutes County Public Health Director Scott Johnson and Dr. Robin Henderson of St. Charles designed the model for the Central Oregon Health Council and submitted Senate Bill 204 to the legislature. The plan at that time included the creation of the Regional Health Assessment and Regional Health Improvement Plan, to be carried out on a four-year cycle, as well as oversight of a global budget for Medicaid care spending and a neutral party to create partnerships and foster trust among health care providers.
With legislation in place, the Transitional Board became the governing entity of the region’s Coordinated Care Organization (CCO) in 2012 and was renamed the Central Oregon Health Council in 2013.

Members of the Board of Directors who represent organizations are legislatively required to be head decision-makers (executive directors, CEOs, etc.). Additionally, the founding members believed community members and clinics alike would be impacted by changes to the health system, and as a reflection of that belief, community representatives have served on the Board of Directors from the beginning.

Each organization involved sees the bigger picture beyond their individual efforts. Central Oregon also looks for opportunities to experiment and create transformation and has developed unique structures and legislation to allow these ideas to take root.

Today, the Central Oregon Health Council continues to breed unlikely but beneficial partnerships, invest in community-driven projects, and foster trust and transparency in an otherwise competitive industry. All these efforts are intended to create a healthier Central Oregon, not only for individuals insured through Medicaid but for all residents.

VISION, MISSION AND VALUES

COHC’s vision, mission, and values are the basis for organizational direction and decision-making. COHC’s fundamental purpose (mission) and the essential core values form the foundation for our strategy, while our desired long-term future (vision) is the guiding principle for the organization’s strategic direction.

- **Vision:** Creating a healthier Central Oregon.
- **Mission:** To serve as a highly effective community governance board for the region’s Coordinated Care Organization (CCO) and align and influence agencies, caregivers, residents, and policymakers.
- **Core Values:** We are committed to living out our core values through our work.
  - **Accountability:** We are individually and collectively responsible for the work we do and for the outcomes of our work.
  - **Transparency:** We value and promote openness and honesty in the governance and operations of the COHC, as well as in our communications about the CCO.
  - **Collaboration:** We believe in working together with others to achieve common goals.
  - **Community:** We are committed to the cultivation of positive relationships between and among the health care, public health, and business communities. The impact of our collective work is greater than the sum of its parts. We are better together.
  - **Excellence:** We strive to be our best and work continuously to improve performance and exceed expectations.
CHANGES IN POLICY

We produce updates of this handbook as we update our policies to stay in step with employment law and new legislation. The policies stated in the current version of the handbook supersede the content of documents from prior years.
EMLOYMENT POLICIES

RESPONSIBILITY FOR ADMINISTERING EMPLOYMENT POLICIES

The Executive Director of Central Oregon Health Council, ("COHC") has responsibility for administering written personnel policies, as determined by the Board of Directors. To interpret policies and respond to situations not covered by written policies, the Executive Director may consult with the Chairperson of the Board of Directors and shall inform the Board of issues that may indicate the need for policy revisions. The Board may approve changes in the personnel policies as contained in the Employee Handbook by a majority vote of the members of the Board.

Each employee is expected to be familiar with these policies. If the employee has questions regarding any personnel policy, he/she should consult with the Executive Director. Only the Board of Directors can authorize exceptions to these personnel policies.

DEFINITION OF EMPLOYEE

For the purposes of this Handbook, “employee” is defined as an individual who receives compensation for his/her time from COHC on a regular basis. Further, for the purposes of this Handbook, COHC volunteer advocates are not employees of COHC, even though an advocate may from time to time receive reimbursements for expenses incurred in his/her service as a COHC volunteer advocate. Also, for the purposes of this Handbook, contractors employed by COHC to accomplish a specific task(s) of defined time and scope are not considered to be employees of COHC.

EMPLOYMENT AT WILL

These personnel policies do not create a contractual relationship, either express or implied, between any employee and COHC. All COHC employees are employed at the will of COHC, and either the employee or COHC may terminate the relationship at any time, with or without notice and with or without cause. COHC has the right to terminate, demote or take corrective action with an employee as long as such action does not violate the law. COHC reserves the right to modify terms and conditions of employment at its sole discretion with or without cause or notice.

EQUAL OPPORTUNITY EMPLOYMENT

It is the policy of COHC to provide equal employment opportunity to all applicants and employees based on qualifications and abilities without regard to race, color, sex, age, religion, national origin, disability, sexual orientation, veteran status, or any other protected status in accordance with applicable laws. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, promotion, discipline, layoff, training and termination, as well as to all other COHC privileges, personnel programs and matters of employment. All
advertisements for recruitment will specify that COHC is an “Equal Opportunity Employer.” This non-discrimination policy shall also apply to the recruitment of the Board of Directors and COHC volunteers.

**US IMMIGRATION AND NATURALIZATION SERVICE REQUIREMENTS**

COHC is required by the Immigration Reform and Control Act (IRCA) of 1986 to verify the legal work status of all new employees. The Act requires that all newly hired employees provide proof of their identity and authorization to work in the United States within three days of their starting date.

In keeping with this obligation, COHC must inspect documentation that shows each person’s identity and legal authorization to work in the United States and each new employee must complete the required section of the IRCA Form I-9 within three (3) days of starting employment with COHC. COHC shall not use the provisions of the IRCA to discriminate against any employee.

COHC will retain every I-9 form for a minimum of three years. If an individual continues employment for more than three years, the form is retained for at least one year after termination of employment.

**DISCRIMINATION & WORKPLACE HARASSMENT**

The Central Oregon Health Council, “the organization,” prohibits unlawful discrimination and harassment. This policy defines these terms and provides a complaint procedure for employees who believe they have been the victims of prohibited conduct. This policy applies to all matters related to hiring, firing, transfer, promotion, benefits, compensation, and other terms and conditions of employment.

**Discrimination and Workplace Harassment**

It is the Central Oregon Health Council’s policy to provide a work environment free from unlawful discrimination or harassment on the basis of race, color, religion, sex, sexual orientation, national origin, marital status, age, expunged juvenile record, performance of duty in a uniformed service or physical or mental disability, or any other characteristic protected by local law, regulation, or ordinance.

It is our policy that all employees, customers, clients, contractors, and visitors to the work site are entitled to a respectful and productive work environment free from behavior, action, or language that constitutes workplace harassment or discrimination. The “workplace” includes when employees are on company premises, at a company-sponsored off-site event, traveling on behalf of the company, or conducting company business, regardless of location.

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The policy prohibits any conduct at work that a reasonable person in the individual’s circumstances would consider unwelcome, intimidating, hostile, threatening, violent, abusive, or offensive. It also prohibits employment actions, including hiring, promotion, termination, and compensation decisions, to be taken based on a protected characteristic. This policy also prohibits any form of retaliatory action toward an employee for filing a complaint of discrimination or harassment, or for participation in an investigation of a compliant.

Workplace harassment can be based on national origin, age, sex, race, disability, religion, sexual orientation, gender identity, or gender expression. It may also encompass other forms of unwelcome, hostile, intimidating, threatening, humiliating, or violent behavior that is not necessarily illegal, but still prohibited by this policy.

Sexual harassment is a form of workplace harassment and includes, but is not limited to, the following types of conduct:

- Unwelcome sexual advances, requests for sexual favors, or other conduct of a sexual nature when such conduct is directed toward an individual because of that individual's sex and submission to such conduct is made either explicitly or implicitly a term or condition of employment; or submission to or rejection of such conduct is used as the basis for employment decisions affecting that individual.

- Unwelcome verbal or physical conduct that is sufficiently severe or pervasive to have the purpose or effect of unreasonably interfering with work performance or creating a hostile, intimidating or offensive working environment.

**Sexual Assault**

Unwanted conduct of a sexual nature that is inflicted upon a person or compelled through the use of physical force, manipulation, threat, or intimidation.

**Prohibited Conduct**

This policy prohibits conduct based on an individual’s protected class status. Although by no means all-inclusive, the following examples represent prohibited behavior:

- Physical harassment, including but not limited to unwelcome physical contact such as touching, impeding or blocking movement, or any physical interference with work;

- Verbal harassment, including but not limited to disparaging or disrespectful comments, jokes, slurs, innuendoes, teasing, and other sexual talk such as jokes, personal inquiries, persistent unwanted courting and derogatory insults;

- Nonverbal harassment, including but not limited to suggestive or insulting sounds, obscene gestures, leering or whistling;

- Visual harassment, including but not limited to displays of explicit or offensive
calendars, circulation of derogatory content, posters, pictures, drawings or cartoons that reflect disparagingly upon a class of persons or a particular person;

- Sexual harassment, as described above, including but not limited to unwelcome sexual advances, requests for favors in exchange for conduct of a sexual nature, submission to unwelcome conduct of a sexual nature in exchange for a term of employment, or other conduct of a sexual nature.

**Penalties**
We will not tolerate discriminatory conduct, harassment, or sexual assault. Any individual found to have engaged in such conduct may face disciplinary action up to, and including, dismissal. The company may also subject managers and supervisors who fail to report known harassment — or fail to take prompt, appropriate corrective action — to disciplinary action, including potential dismissal.

**Retaliation Protections**
The Central Oregon Health Council prohibits retaliation against any employee for filing a complaint regarding conduct in violation of this policy. The Central Oregon Health Council will not tolerate retaliation against any employee for raising a good faith concern, for providing information related to a concern, or for otherwise cooperating in an investigation of a reported violation of this policy. Any employee who retaliates against anyone involved in an investigation is subject to disciplinary action, up to and including dismissal.

**Reporting Procedure**
Any employee aware of or experiencing discrimination, harassment or sexual assault in the workplace should report that information immediately to the Executive Director and Board of Directors Chair. Employees may report to any of the persons listed above, regardless of any particular chain of command. All employees are encouraged to document any incidents involving discrimination, harassment, and sexual assault as soon as possible.

**Nondisclosure or Non-disparagement Agreements**
Under this policy, a nondisclosure agreement is any agreement by which one or more parties agree not to discuss or disclose information regarding any complaint of work-related harassment, discrimination, or sexual assault.

A non-disparagement agreement is any agreement by which one or more parties agree not to discredit or make negative or disparaging written or oral statements about any other party or the company.

A no-rehire provision is an agreement that prohibits an employee from seeking reemployment with the company and allows a company to not rehire that individual in the future.
COHC will not require an employee to enter into any agreement if the purpose or effect of the agreement prevents the employee from disclosing or discussing conduct constituting discrimination, harassment, or sexual assault.

An employee claiming to be aggrieved by discrimination, harassment, or sexual assault may, however, voluntarily request to enter into a settlement, separation, or severance agreement which contains a nondisclosure, non-disparagement, or no-rehire provision and will have at least seven days to revoke any such agreement.

**Time Limitations**

Nothing in this policy precludes any person from filing a formal grievance in accordance with the Bureau of Labor and Industries’ Civil Rights Division or the Equal Employment Opportunity Commission. Note that Oregon state law requires that any legal action taken on alleged discriminatory conduct (specifically that prohibited by ORS 659A.030, 659A.082 or 659A.112) commence no later than five years after the occurrence of the violation. Other applicable laws may have a shorter time limitation on filing.

**DISABILITY ACCOMMODATION POLICY**

COHC is committed to complying fully with Oregon's disability discrimination laws. We are also committed to ensuring equal opportunity in employment for qualified persons with disabilities.

**Accommodations**

COHC engages in an interactive process with a qualified applicant or employee with a known disability to determine reasonable accommodations. COHC provides reasonable accommodations unless such accommodations create an undue hardship on the operation of the organization.

**Requesting an Accommodation**

The applicable state disability discrimination laws provide protections to people with disabilities in employment. In recognition of the barriers to full participation faced by this group, and in compliance with the applicable state law, accommodations may be implemented to the extent that they are not an undue hardship for COHC.

A reasonable accommodation is any change or adjustment to a job or work environment that does not cause an undue hardship for COHC, and which permits a qualified applicant or employee with a disability to participate in the job application process, to perform the essential functions of a job, or to enjoy benefits and privileges of employment equal to those enjoyed by employees without disabilities. For example, a reasonable accommodation may include providing or modifying equipment or devices, job restructuring, allowing part-time or modified work schedules, reassigning an individual, adjusting or modifying examinations, modifying training materials or policies, providing readers and interpreters, or making the workplace readily accessible to and usable by people with disabilities.
Employees should request an accommodation as soon as it becomes apparent that a reasonable accommodation may enable the employee to perform the essential duties of a position or participate in the employment process. All requests for accommodation should be made with the Executive Director and should specify which essential functions of the employee's job cannot be performed without a reasonable accommodation. In most cases, an employee will need to secure medical verification of his or her need for a reasonable accommodation.

PREGNANCY ACCOMMODATION POLICY

COHC will make reasonable accommodations to employees that are experiencing known limitations related to pregnancy, childbirth or a related medical condition. Possible accommodations may include:

- Acquisition or modification of equipment or devices;
- More frequent or longer break periods or periodic rest;
- Assistance with manual labor;
- Modification of work schedules or job assignments.

COHC will not take adverse action against an employee for inquiring about, requesting, or using a reasonable accommodation. We will provide any employee a copy of this policy within 10 days.

LACTATION BREAKS

All staff (exempt and nonexempt) who are breast-feeding children up to 18 months old may take reasonable breaks during the workday to express milk. These breaks are optional. If you need to take these breaks, please talk to your supervisor.

Nonexempt staff members

Whenever possible, nonexempt staff members should take lactation breaks concurrently with other available breaks. Lactation breaks are unpaid and should be accounted for appropriately. For example, if an employee takes a 30-minute lactation break that overlaps with a paid rest break, the 15-minute rest break is paid, and the remaining 15 minutes is unpaid. If the employee takes the lactation break separately, the entire time used is unpaid. Lactation breaks may also overlap with unpaid meal breaks.

Exempt staff members

Exempt staff members should use good judgment to choose appropriate times for lactation breaks that balance the employees' lactation needs and the demands of work.
BACKGROUND CHECK AND DISCLOSURE OF ARREST AND/OR CONVICTION

Upon hire, every employee shall complete a thorough background check at the direction of the Executive Director. If, after that initial background check, any employee is placed under arrest for any reason, that employee must notify the Executive Director within 48 hours of the arrest. Likewise, any employee must disclose any conviction to the Executive Director within 48 hours of the conviction.

TERMS AND CONDITIONS OF EMPLOYMENT

AUTHORITY FOR EMPLOYMENT AND TERMINATION

The Executive Director shall have the authority to fill staff positions and to discharge any employee with the approval of the Chairperson of the Board of Directors.

Exempt Employees
Exempt employees are those employees who have job duties that exempt them from overtime provisions of the federal and state wage and hour laws and regulations.

Non-Exempt Employees
Non-exempt employees are those employees who have job duties that do not exempt them from the overtime provisions of the federal and state wage and hour laws and regulations. Non-exempt employees are eligible for overtime pay in accordance with state and federal laws.

Regular, Full-time employees
Regular, full-time employees are regularly scheduled to work forty (40) hours per week.

Regular, Part-time employees
A regular, part-time employee is regularly scheduled to work twenty (20) or more hours, but less than forty (40) hours per week.

CONFIDENTIALITY AGREEMENT

In the performance of their work duties, COHC employees will gain access to confidential and proprietary information. Confidential information is information and data of any kind concerning any matters affecting or relating to the COHC, its business or operations, plans, processes, and other data not generally known, shared, or available outside the company. The new employee should read and sign the agreement as set out in Addendum A and it will be held in their employee file.

CONFLICT OF INTEREST STATEMENT

The COHC is required to have its employees, workgroup and committee members complete an annual Conflict of Interest Statement. The purpose of this statement is to uphold transparency
and keep an accurate record of your organizational affiliations. This is done through completing a survey monkey response which you will be sent by email on starting work with COHC. The text of the statement is attached at Addendum B for information only. Please complete the online version when it is sent.

**HOURS OF WORK**

COHC’s workweek is the seven continuous days beginning and ending each Sunday at midnight. The regular hours of work are set for each employee by the Executive Director. Flex time is encouraged but must be approved by the Executive Director. Employees are expected to report on time or to telephone, text or email the Executive Director if they expect to be tardy. Constant tardiness or poor attendance may be grounds for disciplinary action, up to and including termination of employment. Employees are expected to work on all scheduled workdays. The inability to come to work during inclement weather, acts of God or other catastrophes shall not preclude the Board of Directors from reducing the employee’s pay for missing work; the Executive Director shall have the discretion to close the COHC office when s/he deems it necessary.

**TELECOMMUTING- HYBRID POLICY**

COHC will typically determine if a position is remote, hybrid, or in-office. Most roles are currently considered hybrid and you will be expected to work a full 40-hour week. Attendance in person is expected for some necessary meetings in the office.

It is the responsibility of the employee to designate a remote workspace, which is typically a space in your home. No work should be performed outside of this space. The workspace must be kept in a safe condition, free from hazards to both the employee and the equipment.

All employees must utilize company laptops to perform their work. We will provide you with one which will also contain necessary software and programs. Any other necessary equipment is available for loan upon request (additional monitors, keyboards, etc.). COHC is only responsible for insuring items on loan: personally owned equipment should be covered by your individual homeowner’s insurance policy.

Secure data management procedures (including passwords and encryption) should be enforced on all devices. If lost or stolen, COHC is to be informed as soon as possible. The employee is responsible for keeping documents, sensitive business data and other work-related materials confidential and secure in your home office location.

All COHC’s rules and policies, including those set in our Employee Handbook, apply while working from the designated workspace.

**BREAKS**

Version 2/2024
Nonexempt employees are required to take a paid, uninterrupted 10-minute rest break for every four-hour segment or major portion thereof in the work period. The rest break should be taken in the middle of each segment, whenever possible. Whenever a segment exceeds two hours, the employee must take a rest break for that segment.

Nonexempt employees are required to take at least a 30-minute unpaid meal period when the work period is six hours or greater. The law requires an uninterrupted period in which the employee is relieved of all duties. No meal period is required if the work period is less than six hours. If, because of the nature or circumstances of the work, an employee is required to remain on duty or to perform any tasks during the meal period, the employee must inform his or her supervisor before the end of the shift so that COHC may pay the employee for that work.

Meal periods and rest breaks are mandatory and are not optional. An employee's meal period and rest break(s) may not be taken together as one break. Meal periods and rest breaks may not be "skipped" in order to leave early. An employee who fails to abide by these policies and laws may be subjected to discipline, up to and including termination.
<table>
<thead>
<tr>
<th>Length of Work Period</th>
<th>Number of Rest Breaks Required</th>
<th>Number of Meal Periods Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 hours or less</td>
<td>0</td>
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<tr>
<td>2 hrs., 1 min. – 5 hrs., 59 min.</td>
<td>1</td>
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<tr>
<td>6 hrs.</td>
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<td>1</td>
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<tr>
<td>6 hrs., 1 min. – 10 hrs.</td>
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<tr>
<td>10 hrs., 1 min. – 13 hrs., 59 min.</td>
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**OVERTIME PAY FOR NON-EXEMPT EMPLOYEES**

Non-exempt employees shall be paid at a rate of time and one-half times the employee’s regular hourly rate of pay for all hours worked in excess of forty (40) hours per week. Hours worked does not include Paid Time Off, holidays, or any other time when the employee is not actually working. The Executive Director must approve all overtime hours in advance.

**TIMEKEEPING**

All employees, exempt and non-exempt, shall submit a twice-monthly reporting of all hours worked in the pay period. This will serve as the record of actual hours worked by all employees. Paid Time Off, sick leave hours and other approved hours, and office holidays shall also be recorded. All exempt employees must notify their supervisor when it is necessary to be out of the office during normal work hours.

**PAYCHECKS**

COHC’s paydays are twice a month; on the 5th and the 20th of the month. Paychecks are available via direct deposit or via paper checks, which are mailed to the employee’s current address.

If an employee quits with less than 72 hours of notice, excluding weekends and holidays, that employee’s paycheck is due within five days after the last day worked, excluding weekends and holidays, or on the next regular payday, whichever comes first. If an employee quits with notice of at least 72 hours, the final check is due on the final day worked, unless the last day falls on a weekend or holiday. In that case, the check is due on the next business day.

If an employee is discharged, the employee’s final paycheck is due not later than the next regular pay day.

**PAYROLL DEDUCTIONS**

As required by law, certain deductions are made from all employees' wages:
● Federal Income Tax
● F.I.C.A. - Federal Insurance Contribution Act (Social Security and Medicare)
● State Income Tax
● Wage Attachments and Garnishments (if applicable)
● Paid Leave Oregon contributions
● Other deductions required by law.

Additionally, should the employee participate in any COHC health insurance plan or program, 0% of the premium for the employee and 50% of the premium for any of the employee’s dependents shall be deducted from the employee’s pre-taxable wages in 24 equal amounts over the year.

JOB DESCRIPTIONS

The Executive Director shall provide each employee with a written job description. Job descriptions shall be reviewed when substantial changes in work responsibilities occur and may be updated annually. Job descriptions define the employee’s general duties and responsibilities. In the discretion of the Executive Director, it may be necessary for an employee to perform duties and responsibilities outside those included in his/her job description. Job roles and duties are subject to change as aligned with the organization’s goals and needs.

COMPENSATION

The Executive Director shall set each employee’s rate of pay within a range approved by the Board of Directors. The Board shall set the Executive Director’s salary.

It is COHC’s goal that employees who perform work, which is comparable in skill, effort and responsibility, shall receive comparable compensation. Compensation, however, may vary because of differences in qualifications, experience, length of service, abilities, past performance and market trends, and it is up to the discretion of the Executive Director, as approved by the Board, to set or to alter an employee’s rate of pay. Compensation information is confidential.

OUTSIDE ACTIVITIES AND COMPENSATION

Any employee who plans to engage in any remunerative activity shall give prior written notice to the Executive Director. Such activities should complement COHC’s purposes and may include consultation, speeches, conference participation and/or teaching. An employee may retain compensation from his/her outside activities so long as the activities occur during a time when
the employee is on unpaid leave or is outside his/her regular working hours.
EMPLOYEE DEVELOPMENT AND TRAINING

Each employee is encouraged to further his/her professional development through academic study, conferences, meetings, training sessions, and other professional activities that will enhance the employee’s service to COHC. The Executive Director must approve in advance reimbursement for development and training activities. Reimbursement shall be made only to those activities which:

- Are complimentary to COHC’s purpose;
- Will enhance the individual’s professional development;
- Will not interfere with the employee’s discharge of his/her regular job responsibilities;
- Are approved in advance by the Executive Director.

EMPLOYEE BENEFITS

EMPLOYEE 401(K) RETIREMENT SAVINGS PLAN

COHC offers a 401(k) Plan to eligible employees to save money on a pre-tax basis for their retirement. All regular full-time employees and part-time employees are eligible to enroll the first of the month after three months of employment. Employees must be 18 years of age and not a non-resident alien to participate in the 401(k) Plan.

MEDICAL INSURANCE

COHC shall provide group medical coverage benefits to any employee who regularly works at least 30 hours/week. COHC shall contribute 100% of the employee’s premium. If an employee opts to cover any/all dependents with the COHC group medical coverage, the employee shall be responsible for 50% of the premium for those dependents.

If an employee can show sufficient evidence of alternative medical coverage that allows that employee to opt out of the COHC group plan, COHC will provide to that employee a stipend of $150 per month, with the intent that these taxable dollars help offset that employee’s non-COHC premium.

WORKERS’ COMPENSATION

Employees are covered by workers’ compensation insurance coverage, which provides compensation in case of a work-related injury or illness, in accordance with Oregon law. All work-related injuries or illnesses must be reported immediately to the Executive Director to ensure that insurance benefits will be paid promptly and in full.

Version 2/2024
PAID TIME OFF

COHC recognizes the importance of taking time off for rest, relaxation, holiday celebrations, family obligations, illness and emergencies. The COHC Paid Time Off (PTO) program is designed to allow the flexibility to plan and schedule time off to meet the employee’s individual needs with supervisor approval.

Regular full-time exempt and non-exempt employees who are scheduled to work 30 hours per week are eligible for PTO. All other employees are not eligible to accrue PTO. However, the Board at its discretion may award PTO hours to staff in lieu of, or in addition to, end of the year bonuses or for outstanding job performance.

During an employee’s initial year of employment, PTO is prorated. For example, if an employee starts work on July 1, she/he will receive one half of the annual PTO between July 1 and December 31. While a new full-time employee has PTO from day 1, that employee may only begin to use PTO after 90 days of employment with COHC.

In subsequent years with COHC, PTO benefits are accrued based upon hours actually worked and holiday hours paid, not to exceed forty (40) hours a week. The rate of accrual will vary with the employee’s length of service, as follows:

- Year 1 - 4: 18 days (or 144 hours)/year
- Year 5 - 7: 23 days (or 184 hours)/year
- Years 8 - 10: 26 days (or 208 hours)/year
- Years 11 - 14: 28 days (or 224 hours)/year
- Years 15+: 30 days (or 240 hours)/year

All timing of PTO is subject to the Executive Director’s approval and the needs of COHC.

A maximum of twenty-four (24) days (or 192 hours) of unused PTO may be carried forward to the next calendar year. This policy encourages employees to take time off for rest and rejuvenation and allows COHC to coordinate staff absences. All PTO must be used before requesting unpaid time off. Exempt employees are not required to use PTO for an absence of less than eight hours.

When an employee separates from the company, COHC will pay out any accrued PTO. For purposes of calculating pay upon separation, PTO is calculated at an employee’s current rate of pay.
SICK LEAVE

COHC recognizes that an employee’s inability to work because of illness or injury may cause economic hardship. For this reason, COHC provides paid sick days to all employees.

Employees who are regularly scheduled for full-time work will have 40 hours of sick leave front loaded into their sick leave bank on January 1st every year. When a new employee is hired midyear their sick leave bank will be prorated based on their hire date for the remainder of the year. Unused sick leave is never “rolled over” from one year to the next. New employees are eligible to take available paid sick leave starting on their 91st day of employment.

If the need for sick leave is foreseeable for medical and dental appointments, we ask that you give as much advance notice as possible so that we may make schedule changes needed in advance. If the need for sick leave is unforeseeable, the employee shall provide notice of the need for leave as soon as practicable. Sick leave may be taken in one-hour increments.

An eligible employee may use sick leave benefits for an absence due to their own or a “family members” illness, injury or other qualifying reason including bereavement. If you have a question regarding what qualifies under this policy, please contact your manager. For this policy “family member” is defined to include any of the following persons in relation to the employee: (a) spouse; (b) biological, adoptive, or foster parent; (c) biological, adoptive, or foster child; (c) grandparent or grandchild; (d) parent-in-law; or (e) person with whom the employee was or is in a relationship of in loco parentis.

Employees will not be paid for accumulated but unused sick days for any reason.

Sick leave is not intended for “personal” time off. Please use your accrued and available PTO for this purpose. COHC will not tolerate abuse or misuse of your sick leave privilege.

HOLIDAYS

The following days are paid holidays for COHC employees (if the holiday falls on a regular workday): New Year’s Day, Martin Luther King Jr., Juneteenth, Memorial Day, Fourth of July, Labor Day, Veterans Day, Thanksgiving Day, the Friday following Thanksgiving, and Christmas Day. When a paid holiday falls on a Saturday or Sunday, the preceding Friday or following Monday shall be recognized as the paid holiday, as determined by the Executive Director. Full-time employees are paid for eight (8) hours for each holiday. Holiday pay for part-time employees will be pro-rated based on the number of hours budgeted for their position. For example, an employee in a position budgeted to work twenty-five (25) hours per week would receive five (5) hours of pay for each holiday. An employee who gives advance notice to the Executive Director may take additional unpaid holidays celebrated by a recognized religious group to which s/he belongs.
BEREAVEMENT LEAVE

Employees who have been employed for at least three (3) continuous months shall be allowed two (2) days of paid bereavement leave following the death of a member of his/her immediate family. Full-time employees are paid for eight (8) hours for each day of bereavement leave. Bereavement leave pay for part-time employees will be pro-rated based on the number of hours budgeted for their position. For example, an employee in a position budgeted to work twenty-five (25) hours per work would be paid five (5) hours for each day of bereavement leave. Immediate family includes spouse, domestic partner, child or stepchild, and parent of the employee, respective in-laws and step-laws.

MILITARY LEAVE

An employee may take an unpaid military leave pursuant to the Uniform Employment and Reemployment Rights Act of 1997 (the “Uniform Services Act”). The employee may return to the same or a comparable position upon release from military duty according to federal and state laws.

An employee in the National Guard or Reserve who is required to attend the two (2) week annual military duty training shall receive the difference between his/her military duty training pay and COHC pay (if the COHC salary is greater) for the two (2) week period.

JURY LEAVE

COHC will grant employees time off for mandatory jury duty and/or jury duty orientation. A copy of the court notice must be submitted to the employee’s manager to verify the need for such leave. COHC will pay employees for up to 10 days of jury duty leave per year. Beyond those 10 days, an employee may use any accrued PTO leave during the stint of jury service.

The employee is expected to report for work when doing so does not conflict with court obligations. It is the employee’s responsibility to keep his or her manager informed about the amount of time required for jury duty. If the employee is not called to serve on a jury on any given day and is released from the jury pool, he/she will be expected to return to work for the remainder of that day. Failure to do so will result in forfeiture of jury duty pay for that day.

RELIGIOUS OBSERVANCES LEAVE & ACCOMMODATION POLICY

COHC respects the religious beliefs and practices of all employees. COHC will make, upon request, an accommodation for such observances when a reasonable accommodation is available that does not create an undue hardship on COHC's business. Employees may use vacation or unpaid time for religious holy days or to participate in a religious observance or practice.
CRIME VICTIM LEAVE

Any Oregon employee who has worked an average of at least 25 hours per week for 180 days is eligible for reasonable, unpaid leave to attend criminal proceedings if the employee or his or her immediate family member (defined below) has suffered financial, social, psychological or physical harm as a result of being a victim of certain felonies, such as kidnapping, rape, arson, and assault.

"Immediate family member" includes a spouse, registered same-sex domestic partner, father, mother, sibling, child, stepchild or grandparent.

Employees who are eligible for crime victim leave must:

● Use any accrued, but unused vacation/sick leave/PTO during the leave period;

● Provide as much advance notice as is practicable of his/her intention to take leave (unless giving advance notice is not feasible); and

● Submit a request for the leave in writing to his/her supervisor as far in advance as possible, indicating the amount of time needed, when the time will be needed, and the reason for the leave.

In all circumstances, COHC may require certification of the need for leave, such as copies of any notices of scheduled criminal proceedings that the employee receives from a law enforcement agency or district attorney's office, police report, a protective order issued by a court, or similarly reliable sources.

VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT & STALKING LEAVE

Any Oregon employee who has worked an average of at least 25 hours per week for 180 days is eligible for reasonable unpaid leave to address domestic violence, harassment, sexual assault, or stalking of the employee or his or her minor dependents.

Reasons for taking leave include the employee's (or the employee's dependent's) need to: seek legal or law enforcement assistance or remedies; secure medical treatment for or time off to recover from injuries; seek counseling from a licensed mental health professional; obtain services from a victim services provider; or relocate or secure an existing home.

Leave is generally unpaid, but the employee may use sick leave or accrued vacation or similar paid time off while on this type of leave.

When seeking this type of leave, the employee should provide as much advance notice as is practicable of his or her intention to take leave, unless giving advance notice is not feasible.
Notice of need to take leave should be provided by submitting a request for leave in writing to the employee's supervisor as far in advance as possible, indicating the time needed, when the time will be needed, and a brief description of the reason for the leave (i.e. sick leave).

If more leave than originally authorized needs to be taken, the employee should give COHC notice as soon as is practicable prior to the end of the authorized leave. When taking leave in an unanticipated or emergency situation, the employee must give oral or written notice as soon as is practicable. When leave is unanticipated, this notice may be given by any other person on the employee's behalf.

Finally, employees who are victims of domestic violence, harassment, sexual assault or stalking may be entitled to a "reasonable safety accommodation" that will allow the employee to more safely continue to work, unless such an accommodation would impose an "undue hardship" on COHC. Please contact your supervisor immediately with requests for reasonable safety accommodations.

WITNESS LEAVE

If an employee is absent from work to serve as a witness in response to a subpoena in a judicial proceeding, or to appear at a delinquency proceeding with a youth who is in their physical or legal custody, the employee will be granted leave without pay for such time as it is necessary to comply with the request. COHC may request proof of the need for leave.

BONE MARROW DONATION LEAVE

An employee who works an average of 20 hours per week or more or may use up to 40 hours of accrued paid leave in order to undergo a medical procedure to donate bone marrow. COHC may require verification by a physician of the purpose and length of the leave requested.

LEAVES OF ABSENCE

PAID LEAVE OREGON- PERSONAL MEDICAL AND FAMILY LEAVE

Paid Leave Oregon is a State of Oregon mandated program that ensures individuals, employers, and families have the time and support they need to care for themselves and their loved ones when life's important moments affect their health and safety.

This benefit program is completely managed by the Oregon Employment Department (OED). Refer to the Employee Handbook for all details and requirements of the program. You can find more information by contacting the Oregon Employment Department directly or visiting the employee section of the website at: https://paidleave.oregon.gov/

Version 2/2024
This policy does not provide complete instructions and details about the program; it is meant to be an overview and specifically lay out notice requirements for you when you apply for benefits through the program.

Coverage
The Plan covers all employees who work for the COHC, including full-time, part-time, seasonal, and temporary employees. Coverage begins on the employee’s date of hire.

Paid Leave Benefits
The Oregon Employment Department is responsible for approving benefits and will collect information from you in order to make a decision about approval. This may include information from your healthcare provider or your family member’s healthcare provider. COHC does NOT collect any of this information from employees and will not be asking for your confidential health information.

Qualifying Events
Leave may be taken for the following reasons:

- **Family Leave**: to bond with a new child within the first 12 months after birth, adoption, or foster placement.

- **Pregnancy Related Leave**: If you are pregnant, have given birth, or experience health issues related to childbirth, you may be eligible to take an additional two weeks of leave, for a total of 14 weeks.

- **Family Leave**: to care for a family member experiencing a serious health condition. Family members include spouses and domestic partners, children, parents, siblings or stepsiblings, grandparents, grandchildren, and any individual related by blood or affinity whose relationship is equivalent to family.

- **Medical Leave**: for an employee’s own serious health condition.

- **Safe Leave**: for survivors of sexual assault, domestic violence, harassment, or stalking, or to obtain legal or law enforcement assistance, seek medical treatment to recover from injuries, obtain counseling or support services, to relocate or take other steps to secure the health and safety of themselves or their dependent child(ren).

Supplemental Leave
You may use accrued time off, including to supplement wage replacement benefits. Please contact management for additional information.

Version 2/2024
Notice of Leave & How to File a Claim: 2 Parts
The OED determines your eligibility and qualification for this leave. To apply for benefits, you will submit an application to the OED. However, you should give as much advance notice to COHC as soon as possible.

1. Notify COHC of your need to take leave by completing a Leave Notice Form and submit to your supervisor.
   a. The form must be submitted 30 days in advance if the leave is for a planned reason (such as a planned surgery, adoption, etc.). The form requires you to provide the following information: What type of leave you need to take, why you need to take leave (the covered life event), when and how long you expect to take leave.
   b. In an emergency (such as an unexpected serious health condition of the employee or a family member; unexpected adoption, foster placement, or premature birth; or Safe Leave), provide verbal notice to your supervisor within 24 hours of the emergency or the start of leave and in writing within 3 days of commencement of leave.

2. Apply for benefits directly with the Oregon Employment Department according to published program requirements. After the program receives all necessary information and records relevant to your claim, they will notify both you and Synergy Health & Wellness of the claim decision.

Claim Appeal Process
If you do not agree with a decision made by Paid Leave Oregon, you have the right to file an appeal directly with the Oregon Employment Department.

Job Protections
If you have been employed with COHC for at least 90 days at the start of your leave, when you return from work after taking paid leave under this plan, you are entitled to return to the position you held before the start of leave, if that position still exists. If it does not, the Company will make a commercially reasonable effort to restore you to a different position with similar job duties and the same employment benefits and pay.

Continuation of Benefits
During your period of approved leave under this plan, you will continue to receive health benefits on the same terms and conditions as if you were actively working. If you pay a portion of any of these benefits (such as a portion of your health care premium for you or a dependent), you will be required to continue those payments during the period of your leave.

Ineligibility
You are not eligible for Paid Leave Oregon benefits concurrently with workers’ compensation or unemployment benefits.

Version 2/2024
Non-Discrimination and Retaliation related to Paid Leave

COHC will not punish you or discriminate against you because you asked about or claimed Paid Leave benefits. If you are concerned about COHC following these guidelines, you have the right to bring a civil suit in court or to file a complaint with the Oregon Bureau of Labor & Industries (BOLI).

**REIMBURSEMENT RELATED TO EMPLOYMENT**

**PRIVATE AUTOMOBILES**

Employees and other authorized persons shall be reimbursed for approved travel on behalf of COHC in their personal cars at the mileage rate set by the Internal Revenue Service. Employees are responsible for complying with all state laws regarding the operation of motor vehicles, including maintaining liability insurance coverage. Any accident occurring on COHC business must be reported immediately to the Executive Director. COHC is not responsible for fines or penalties resulting from traffic violations.

**TRAVEL EXPENSE REIMBURSEMENT**

It is the policy of COHC to reimburse employees for their reasonable expenses incurred while traveling to conduct COHC business. All expense reimbursement requests must be approved in advance by the Executive Director and must be accompanied by the original receipt or a written explanation of why a receipt was not available. An expense without an original receipt may or may not be reimbursed at the discretion of the Executive Director.

Travel expenses will only be reimbursed for the employee or other authorized traveler. Costs incurred for unauthorized persons who accompany the authorized traveler will not to be reimbursed by COHC.

**MISCELLANEOUS POLICIES**

**ALCOHOL AND DRUG FREE WORKPLACE POLICY**

COHC works to maintain a safe and efficient work environment for all individuals associated with COHC. Employees who misuse controlled substances, prescription or illegal drugs, or alcoholic beverages pose a risk both to themselves and to everyone who comes into contact with or depends upon them and risks damage to our relationships.

This policy applies to all employees (except where noted in this policy or where it is inconsistent with applicable law) and applicants for employment. This policy revises and supersedes all

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previous drug and alcohol testing policies and practices.

The following conduct is strictly prohibited and will result in disciplinary action up to and including termination:

- Possession, sale and/or use of drugs on Company premises, while on Company- or work-related travel, during working hours, or while on Company business;

- Failure to notify Company of a conviction under any criminal drug or alcohol statute within five days of the conviction;

- Possession and/or consumption of alcoholic beverages or being under the influence of alcohol during work hours, on Company premises, or while operating a Company vehicle (or while operating a personal vehicle in connection with the performance of Company business), or while performing job functions anywhere including employee’s home;

- Being under the influence of drugs (including marijuana/THC) while on duty, on Company premises, on Company time, on Company business, or while operating a Company vehicle (or while operating a personal vehicle in connection with the performance of Company business);

- Refusing to cooperate with any and all tests required by this policy. This includes, but is not limited to, tampering with, or attempting to tamper with, a specimen sample, using chemicals or other ingredients to mask or otherwise cover up the presence of metabolites, drugs or alcohol in a specimen, or providing a blood or urine specimen that was produced by anyone other than the employee being tested.

- Some limited and reasonable consumption of alcohol at work-related social events is allowed. Employees must conduct themselves professionally, keeping in mind they are representing the organization.
An employee who uses prescription or over-the-counter drugs that may impair the employee's ability to safely perform the job, or that may affect the safety or well-being of others, must notify a supervisor of such use immediately before starting or resuming work.

Employees are asked to report when they observe or are informed, and have reasonable grounds to believe, that another employee is under the influence of alcohol or drugs while on duty, on Company premises, on Company time, while on Company business, or while operating a Company vehicle (or while operating a personal vehicle in connection with the performance of Company business).

In order to implement this policy, COHC will:

- Subject applicants to a drug and/or alcohol test as required by federal law;
- Test employees reasonably suspected of using drugs or alcohol, as permitted by law;
- Discipline or discharge employees who test positive or otherwise violate this policy;

In order to enforce this policy, COHC reserves the right to conduct searches of Company property or employees and/or their personal property, and to implement other measures necessary to deter and detect abuse of this policy. Any employee who refuses to consent to such searches may be expelled from the property and subjected to discipline, up to and including termination.

Failure to abide by any provision in this policy will result in disciplinary action up to and including termination.

**WORKPLACE VIOLENCE PREVENTION**

COHC prohibits any behavior by any employee, board member or volunteer that could be construed as threatening, aggressive, destructive, confrontational or violent. Employees should immediately inform the Executive Director of any potentially dangerous or suspicious workplace activity, or any situation or incident that they either observe or are aware of that involves other employees, Board members, volunteers, or visitors who appear threatening, aggressive, destructive, confrontational or violent. The Executive Director shall inform the Board of the behavior or incident and shall conduct a confidential investigation of any report. Employees who encounter an armed, violent or potentially dangerous person should not attempt to challenge or disarm the individual and should seek emergency assistance.

Any employee who violates this policy will be subject to disciplinary action, including discharge. Any violation of this policy by employees, Board members, volunteers or visitors may be reported to local law enforcement personnel. Such individuals may be prosecuted to the maximum extent of the law. Employees will not be retaliated against for making good faith reports under this policy.

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COMPUTERS AND ELECTRONIC MAIL

Computers and other devices that are property of COHC and electronic mail accounts are provided to employees to assist them in the performance of their job duties. Computers and COHC electronic mail addresses are the property of COHC and may be accessed by COHC for any reason at any time. Employees should have no expectation of personal privacy in the information contained in any COHC-owned computer or any COHC electronic mail. Employees shall provide the Executive Director with all log-in passwords for any/all work-related programs, including but not limited to computers and electronic mail on the cohealthcouncil.org domain.

Personal use of computers and other devices that are property of COHC and electronic mail must be limited and not abused. No commercial, religious, offensive, harassing or disruptive messages, including but not limited to those of a sexual nature, may be sent by electronic mail. Additionally, no chain letters, jokes, comics or non-job-related graphics may be sent by electronic mail. Violation of the Computer and Electronic Mail policy will result in disciplinary action, up to and including discharge.

SMOKE FREE ENVIRONMENT

COHC provides a smoke free environment for its employees. Smoking, vaping and smokeless tobacco are prohibited on COHC premises, or within 100 feet of any entrance to a COHC facility.

PERSONAL APPEARANCE AND DRESS

The COHC staff must present a professional image by wearing appropriate business attire as appropriate for occasions and maintaining good hygiene and grooming habits.

CELL PHONE USE POLICY

This policy applies to employee use of cell phones, smart phones (including iPhones, Androids, and similar devices), tablets and similar telecommunication devices, all of which are referred to as "cell phones" in the Cell Phone Policy.

EMPLOYEE USE OF CELL PHONES

Employees are allowed to bring cell phones to work with them. During working hours, however, employees are not permitted to use their cell phones for personal use except in an emergency or during a rest break or meal period. Employees who use personal or Company-provided cell phones to communicate with another Company employee for any reason may not violate Company’s policies against harassment. Thus, employees who use a cell phone to send a text or instant message to another employee (or to a customer) that is harassing or otherwise violates the Company’s anti-harassment policies will be subject to discipline up to and including discharge.
CELL PHONE USE WHILE DRIVING

The use of a cell phone while driving may present a hazard to the driver, other employees and the general public. Oregon law also prohibits the use of hand-held cell phones while driving, even if the driving is for work-related reasons. This policy is meant to ensure the safe operation of Company vehicles and the operation of private vehicles while an employee is on work time. It applies equally to the usage of employee-owned cell phones and phones provided by Company.

Employees are prohibited from using hand-held cell phones for any purpose while driving on Company-authorized or Company-related business. This policy also prohibits employees from using a cell phone or other device to send or receive text or "instant" messages while driving on Company business. Should an employee need to make a business call while driving, the employee must locate a lawfully designated area to park and make the call. Employees may use hands-free cell phones or devices to make business calls. Such calls should be kept short and should the circumstances warrant (for example, heavy traffic, bad weather), the employee should locate a lawfully designated area to park to continue or make the call, even if the employee is using a hands-free device. Violation of this policy will subject the employee to discipline, up to and including termination.

MEDIA & SOCIAL MEDIA POLICY

COHC supports the positive use of social media, and we encourage you to use it to discuss the advantages our company’s product/services offer to our customers. When you are participating in conversations online, however, we ask that you follow these guidelines.

- Follow Company’s policies, including our Code of Business Conduct and privacy policy.
- Remember that much of what is said on the internet is nearly impossible to erase. Use your common sense and avoid posting or creating content that is offensive, sexual, discriminatory, harassing, inappropriate or demeaning. Respectfully withdraw from discussions that go off topic or become profane.
- Employees must not use statements, photographs, video, or audio that could reasonably be viewed as malicious, threatening, or intimidating toward customers, employees, or other people or organizations affiliated with the Company. This includes, but is not limited to, posts that could contribute to a hostile work environment on the basis of race, sex, sexual orientation, disability, religion, national origin, or any other status protected by state or federal law.
- Do not divulge COHC’s confidential or sensitive information. This includes non-public information about COHC, our employees, clients, and vendors, including our financial data, performance, policies, internal reports and communications, etc.
- Ensure the information you post is relevant, informed and factually correct. If you make an error, correct your mistake and admit you were incorrect.
- Obtain necessary permission before you post on behalf of the Company or represent that you speak for BBSI.
- Respect copyright and trademark laws. Do not use images or content that does not belong
to you or the Company. This includes images, content and other materials you find on the internet or subscription services for which you have not received express permission to use or share.

- Gain prior approval from clients, referral partners, or other third parties before identifying them in a social media post.
- If you talk about BBSI online, clarify that your opinions are your own. When discussing the Company or its services online, you must disclose that you are a BBSI employee.
- If you come across negative or disparaging content regarding BBSI that you feel merits a response, bring it to the attention of BBSI Director of Marketing and Communications instead of responding yourself.

These guidelines are not intended to infringe on an employee’s Section 7 rights and any adverse action taken in accordance with this policy will evaluate whether employees were engaged in protected concerted activity.

**Authorized Accounts**

Employees may only create a social media account that represents Company with the written authorization of the Executive Director. Content may only be posted to an Authorized Account by employees who have been authorized to do so by Company.

Posts to COHC Authorized Accounts must adhere to the rules and guidelines set out above. Any employee asked to remove a post found to be in violation of this Policy must do so immediately. Authorized Accounts that repeatedly violate this Policy will be removed. All COHC Authorized Accounts are considered property of the Company. This means that you may not change the password or account name, or assert any ownership of the account, contacts, or connections gained through the account. Any materials created for or posted on the account are considered COHC property.

**JOB PERFORMANCE**

**ANNUAL PERFORMANCE EVALUATIONS**

The Executive Director or designee shall conduct a performance review for each COHC employee.

The purpose of a performance review is to assist the employee in his/her professional development and to improve the overall effectiveness and efficiency of the organization. The Executive Director may show each employee his/her review while it is in draft form so that the employee and the Executive Director can discuss the review before it is finalized. The employee and the Executive Director shall sign and date the written performance review, indicating that they have discussed and reviewed the employee’s job performance. The Executive Director shall give the employee a copy of his/her performance review.
All employee evaluations are conducted by July 1st of the current year. While every effort shall be made to conduct the performance review as described herein, there may be circumstances that prevent or delay such reviews. If more than thirteen (13) months have passed since the employee’s last review, the employee may submit a written request to the Executive Director for a performance evaluation.

MANAGING EMPLOYEE PERFORMANCE

We value you as an employee and want you to be successful in your role here. We strive to communicate clearly with you about the expectations we have regarding your work. It is likely that we will have occasions that arise for coaching conversations, with the goal of identifying an employee’s growth opportunities, as well as to help develop new skillsets.

In the event that an employee’s job performance does not meet the standards established for the position, they violate company policies or procedures, or their behavior is otherwise unacceptable, corrective action may ensue. Corrective action may include but is not limited to: oral or written warnings; performance improvement plans, and termination. The type and order of actions taken will be at management’s sole discretion and the COHC is not required to take any disciplinary action before making an adverse employment decision, including termination.

EMPLOYEE ACCESS & REVIEW RECORDS POLICY

COHC maintains confidential employee personnel files. These files contain documentation regarding all aspects of employment, such as performance evaluations, benefit information, disciplinary actions and letters of recommendation. Personnel files are the property of COHC and shall be maintained by Executive Director. An employee may review his/her personnel records upon request and in the presence of the Executive Director at a mutually convenient time. Employees are not entitled to a copy of their personnel files. Personnel files are the property of COHC and may not be removed from the office.

Representatives of government or law enforcement agencies, in the course of their business, may be allowed access to file information. This decision will be made at the discretion of the COHC Executive Director in compliance with the law.

EMPLOYMENT REFERENCES

Disclosure of personnel information about former employees shall be limited to dates of employment, title or position, job location and compensation, unless a former employee has provided a release and consent to disclose employment information. Only the Executive Director is authorized to provide a formal professional reference.

GRIEVANCES

An aggrieved employee may consult with the Executive Director regarding any action, incident
or decision, which he/she believes was unfair or inequitable. If the problem is not resolved, the employee may refer the problem, in writing, to the Chair of the Board of Directors. The Chair of the Board of Directors shall render a timely and final decision to the employee in writing.

MODIFICATION OF PAY

Pay increases or decreases are made at the discretion of the Executive Director.

SEPARATING EMPLOYMENT

VOLUNTARY RESIGNATIONS

Employees have the right to resign at any time with or without notice and with or without giving a reason. If you choose to terminate your employment, it is anticipated that you will give your supervisor as much notice as possible – preferably a minimum of two weeks. When giving your two-weeks' notice, vacation, personal, or sick days should not be used in lieu of notice. If you do not give two-weeks' notice of your intent to leave COHC, you will not be eligible for re-employment at a later date and COHC will not pay out any accrued PTO.

If the employee's decision to terminate is based on a situation that could be corrected, the employee is encouraged to discuss it with the Executive Director.

INvoluntary TERMINATION

Involuntary termination is the termination of an employee initiated by the Executive Director and/or Board of COHC. Involuntary termination of employment may result from performance issues, job elimination, reorganization or lack of funding. These actions may take place as the result of occurrences such as:

- Changes in staffing or organization needs;
- Unsatisfactory job performance;
- Misrepresentation on the employment application or in any part of the hiring process;
- Violation of company policy, work rules or general standards of employee conduct.
This does not represent a comprehensive list of the types of circumstances but is intended to provide examples of involuntary termination initiated by the management of COHC. In addition, it does not alter the at-will employment relationship, in which either the employee or COHC may terminate the employment relationship, with or without cause or advance notice, at any time.

LAST DAY OF EMPLOYMENT

The last day worked is considered the termination date. Employee benefits are generally discontinued as of the last day worked, unless otherwise specified. All Company property, such as computer equipment, all equipment provided, keys, company debit cards, and other property must be returned immediately at the time of termination. Employees may be responsible for any lost or damaged items. When leaving, employees should ensure that they take all their personal belongings with them.

OFFBOARDING

Leaving employment with the COHC must satisfy all items on the Offboarding procedure.

ANTI-ABUSE POLICY

It is the policy of COHC that all staff interact with each other as well as non-employees such as clients, vendors and patrons in a manner that is free from discrimination, harassment or retaliation. Interactions should also be free from abusive communication and/or conduct. Questions and disagreements are welcome, and we want to hear how you feel. Employees are encouraged to engage their leaders about their work experience and environment. This should occur without any abuse. We strive to provide a workplace that is free from abusive communication and/or conduct and this policy supports that desire.
Addendum A

Confidentiality Agreement

In the performance of their work duties, Central Oregon Health Council (COHC) employees will gain access to confidential and proprietary information. Confidential information is information and data of any kind concerning any matters affecting or relating to the Central Oregon Health Council, its business or operations, plans, processes, and other data not generally known, shared, or available outside the company. This agreement sets forth the requirements for the employee (hereafter “Employee).

Confidential information does not include information lawfully acquired by non-management employees about wages, hours, or other terms of employment if used for purposes protected by § 7 of the National Labor Relations Act. Nothing in this Handbook prohibits an employee from communicating with any governmental authority or making a report in good faith and with a reasonable belief of any violations of law or regulation to a governmental authority.

To protect the confidential information that will be disclosed during employment, Employee agrees as follows:

1. Employee will hold the confidential information received from Central Oregon Health Council in strict confidence and will exercise utmost care to prevent disclosure to others, particularly when working from home or in any external environment.

2. Employee will not disclose or divulge either directly or indirectly any confidential information to others unless first authorized to do so in writing by Central Oregon Health Council management.

3. Employee will not reproduce confidential information or use such information commercially or for any purpose other than the performance of duties for COHC.

4. Employee will, upon request or upon termination of his or her relationship with Central Oregon Health Council, return all notes, documents, equipment, and materials received...
from COHC or originating through employment with COHC.

5. Central Oregon Health Council reserves the right to take disciplinary action, up to and including termination, for violations of this agreement, in addition to pursuing civil or criminal penalties where warranted.

6. This agreement will be interpreted under and governed by the laws of the state of Oregon.

7. All provisions of this agreement will be applicable only to the extent that they do not violate any applicable law and are intended to be limited to the extent necessary so that they do not render this agreement invalid, illegal, or unenforceable. If any provision of this agreement or any application thereof is held to be invalid, illegal, or unenforceable, the validity, legality, and enforceability of other provisions of this agreement or of any other application of such provision will in no way be affected thereby.

Employee represents and warrants that he or she is not under any preexisting obligations inconsistent with the provisions of this agreement.

Signing below signifies that Employee agrees to the terms and conditions of this agreement as stated above.

__________________________________
Donna Mills
___________________________
Employee Name
For Central Oregon Health Council

__________________________________
Executive Director

__________________________________
Signature

__________________________________
Signature

__________________________________
Date

__________________________________
Date

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Conflicts of Interest Statement

The following is a copy of what you will be completing online upon employment.

The COHC is required to have its employees, workgroup and committee members complete an annual Conflict of Interest Statement. The purpose of this statement is to uphold transparency and keep an accurate record of your organizational affiliations. This is done through completing a survey monkey response which you will be sent by email on starting work with COHC. The text of the statement is below for information only. Please complete the online version when it is sent.

Conflict of Interest Statement
By signing this form, you attest that the following statement is true.

My participation in the work of the Central Oregon Health Council is strictly for the benefit of the region at large. I understand that participation in a workgroup or committee for the sake of personal gain, directly or indirectly, is not allowed. I declare my personal and professional interest in the Central Oregon Health Council to be aligned with their vision of creating a healthier Central Oregon and is not intended to influence decisions directly benefiting myself as an individual.

*1. Please enter the name of the organization you represent as a COHC committee or workgroup member. If you do not represent an organization, please put "Community member."

*2. For our records, we are required to document all voting partner connections to organizations in our region. Please list any additional organizations with which you
have a professional affiliation, whether as an employee, volunteer, contractor, or any other professional connection. If there are none aside from the one noted above, type "N/A." Note that DHS and OHA employees are not eligible to receive funding from the Central Oregon Health Council.

* 3. The Central Oregon Health Council abides by the provisions in ORS 244.020-Government Ethics ([ORS 244.020](https://www.oregonlegislature.gov/bills_and_resolutions/)) and has developed a reputation for integrity, transparency, and unbiased neutrality. It is our expectation that our voting partners will hold themselves to this same standard. Signing this form does not prevent you from participating if any of the organizations listed above apply for grant funding from the Central Oregon Health Council. You are still allowed to:

- Advocate for funding to an organization with which you have a professional connection;
- Be the primary contact for a project requesting funding;
- Complete a grant application on behalf of an organization.

We do expect you to recuse yourself from final discussions or votes around funding for your organization or those with which you are affiliated. **By entering your first and last name in the box below, you certify that you have read and agreed to abide by the COHC Conflict of Interest Statement.**

* 4. Please check the box of any RHIP workgroup in which you currently participate:

- Address Poverty and Enhance Self-Sufficiency
- Behavioral Health: Increase Access and Coordination
- Oral Health
- Promote Enhanced Physical Health Across Communities
- Stable Housing and Supports
- Substance and Alcohol Misuse: Prevention and Treatment
- Upstream Prevention: Promotion of Individual Well-Being
- I do not participate in any RHIP workgroups at this time.

* 5. Please check the box of any COHC committee in which you currently participate:

- Board of Directors
- Central Oregon Diversity, Equity and Inclusion Committee (CODEI)
- Community Advisory Council (CAC)
- Executive Committee
- Finance Committee

Version 2/2024
• Governance Committee
• Operations Council
• Provider Engagement Panel (PEP)
• QIM Workgroup
• I do not participate in any COHC committees at this time.

Thank you for your participation in the work of the Central Oregon Health Council to help us create a healthier Central Oregon!
EMPLOYEE HANDBOOK ACKNOWLEDGEMENT

Acknowledgment of Receipt of Employee Handbook
February 2024

I acknowledge that I have received and will read a copy of COHC's Employee Handbook, version date 02/2024.

I understand that COHC has adopted the Handbook only as a general guide about policies, work rules and the work environment, and that they are subject to change at any time in COHC's sole discretion. I acknowledge that the Handbook is not an employment contract and is not intended to give me any express or implied right to continued employment or to any other term or condition of employment.

I understand that either COHC or I may terminate my employment relationship at any time, for any or no reason, with or without cause, and with or without advance notice. I acknowledge that no promises have been made to me that are inconsistent with this "at will" statement. I understand that COHC complies with all applicable laws regarding equal employment opportunity and provides a workplace free from unlawful harassment and discrimination. I will bring any questions or concerns I have regarding equal employment opportunities, discrimination, retaliation or harassment to my supervisor or any trusted member of leadership or ownership.

During my employment with COHC, I understand that it is my responsibility to remain informed about the policies as revisions, updates and new policies are issued, and to ask questions about any interpretation of any of the policies.

I have read this acknowledgement carefully before signing.

__________________________________________  __________________
Employee Name  ____________________________

__________________________________________  __________________
Employee Signature  Date

The original of this document will be kept in the Employee’s personnel. A copy will be provided to the Employee upon request.
Objective: Approve the 2022 Behavioral Health Shared Savings Investment proposals. The source of these funds is the 2022 50% Behavioral Health Board-designated shared savings, $4,399,218.78, as defined in the Joint Management Agreement. Funding is required to be paid prior to March 31, 2024.

The group of leaders in the Behavioral Health arena, from Community Mental Health providers, Education, Public Health, St. Charles, Mosaic, and PacificSource Community Solutions were convened. (Others were invited but declined.)

As shared at the COHC October 2023 Board Meeting, the fentanyl crisis is escalating. “We are losing a generation of people; they are just dying,” said Rick Treleaven with BestCare Treatment Services. The Board discussed the desire to put their funding to work to curb this ongoing crisis.

Our OHA/CCO guidelines determine that our investments from Shared Savings dollars must be HRS approved and MLR eligible. To accomplish this, we had very specific meetings with PCS staff and appreciate the partnership and assistance they provided.

We knew we wanted to impact not just the fentanyl crisis but those other barriers and offshoots from this malady: homelessness, severe and persistent mental illness, and suicide. What comes first can be debated, and the need for behavioral health, including substance use disorder and prevention, is paramount. How could we treat both the preventable and treatable?

Outline of Behavioral Health Shared Savings Proposals

Harm reduction – $2,360,734.78
- Reduce overdoses.
- Increase treatment engagement.
- Improve engagement of SUD patients with access to MAT.
- Reduce ED admissions.
- Improve care coordination.
- Reduce deaths from fentanyl overdoses.

Health Information Technology – $1,100,000.00
- Improve care coordination.
- Reduce medical errors.
- Improve reporting capability.
- Improve ability to support QIMs work.

Promote Wellness and Improve Behavioral Health Outcomes – $938,484.00
- Improve health outcomes.
- Reduce ED admissions.
- Promote, implement, and increase BH wellness and health activities.
- Case management and care coordination.

I respectfully request an affirmative vote to distribute these funds.
The COHC–CCO Relationship and Agreements
The JMA and Community Governance

The Joint Management Agreement is the contract between PacificSource, Central Oregon’s Coordinated Care Organization (CCO), and the Central Oregon Health Council (COHC). The JMA provides for a ground-breaking community governance structure for providing health care in the region, which includes:

- Oversight
- Strategic direction
- Collaboration
- Transparency (operational and financial)
- System reform
- Legislative authority through SB 741
What is a CCO?

- An integrated local network of all types of health care providers working together to deliver care for Oregon Health Plan (Medicaid) clients.

- Physical health, behavioral health, and dental health are coordinated at every point—from where services are delivered to how the bills are paid.

- The focus is on chronic disease prevention and management and primary care, using community health workers and nontraditional health workers, to achieve better outcomes, including the use of EHRs.

- There are 16 CCOs in Oregon, accounting for over 90% of the Medicaid population.
The Coordinated Care Model

1. Best Practices to manage and coordinate care
2. Paying for outcomes and health
3. Transparency in price and quality
4. Shared responsibility for health
5. Measuring Performance

- Address health equity & health disparities
- Focus on social determinants of health
- Increase value and pay for performance
- Improve behavioral health system
- Maintain sustainable cost growth

CCO 1.0 2012–2019
CCO 2.0 2020–2024
Why a Health Council?

• The Health Council ensures that CCO governance is local to the Central Oregon region. Effective local governance can enable system transformation.

• The Health Council ensures higher levels of transparency and accountability to key stakeholders and the community.

• COHC invests to improve health outcomes, reduce disparities, and fulfill community benefit investments.

• It helps define regional demographics and epidemiological factors, assets and deficits in evidence-based programs and culturally specific service types.

• It monitors how the local system is performing against measures and expectations.

• It conducts other activities outlined in the JMA, including the Regional Health Assessment and the Regional Health Improvement Plan.
## Roles and Responsibilities

<table>
<thead>
<tr>
<th>PacificSource Community Solutions</th>
<th>Central Oregon Health Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Holds CCO contract with the Oregon Health Authority</td>
<td>• Provides governance oversight of CCO performance</td>
</tr>
<tr>
<td>• CCO fiscal and legal entity</td>
<td>• Establishes, monitors, and oversees CCO metrics</td>
</tr>
<tr>
<td>• Ensures CCO contractual requirements are carried out effectively on behalf of members</td>
<td>• Ensures strong financial stewardship of state and federal moneys that flow through the CCO and the Health Council</td>
</tr>
<tr>
<td>• Coordinates and ensures access to care, goods, and service for members</td>
<td>• Creates principles for managing the global budget and provider contracting for PacificSource to operate under</td>
</tr>
<tr>
<td>• Ultimately accountable to OHA for overall performance and quality of services provided</td>
<td>• Creates community fiscal shared savings principles</td>
</tr>
<tr>
<td>• Holds financial (insurance) risk for all OHP covered services</td>
<td>• Assures transparency and accountability of the CCO to the community</td>
</tr>
<tr>
<td>• Supports providers to provide high-quality services and builds system capacity</td>
<td>• Partners with broad community stakeholders to deliver the cyclical Regional Health Assessment and Regional Health Improvement Plan</td>
</tr>
<tr>
<td>• Holds contracts with downstream entities that have core competencies needed in a CCO</td>
<td>• Creates and supports the Community Advisory Council, Operations Council, and Provider Engagement Panel, plus other committees necessary to support the work of the Health Council</td>
</tr>
<tr>
<td>• Aggregates and analyzes data to support population health objectives</td>
<td>• Provides dispute resolution among stakeholders</td>
</tr>
<tr>
<td>• Partners with the Health Council to ensure accountability to the local community and performance on the JMA</td>
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</tbody>
</table>
At the end of the year:

- Joint Management Agreement
  - CCO provides .325% for operating costs
  - 1% for RHIP investments
  - COHC ensures a 2% margin for the CCO

If the CCO budget achieves a 2% margin, what remains is distributed …

50% to Behavioral Health
50% direct payments to COHC, providers, and CCO

If a 2% margin is not achieved …

COHC pays a recapture to the CCO up to the 2% margin
Questions?
BOARD OF DIRECTORS
March 14, 2024
Deep-Dive Discussion: Measuring Success

Introduction of Topic: Linda Johnson

Framing Questions

- Why is this topic so loaded that we aren’t diving into it?
- What outcomes/outcomes are we seeking with this discussion?
- Are we talking about process outcomes, or actual data verifiable outcomes?
- What role do required metrics play in getting to our overall measurement of success?

How are we currently measuring success?

- Are the metrics required by the JMA and CCO requirements from OHA the right ones for our mission statement? Discussion

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Mission

To serve as a highly effective community governance board for the region’s Coordinated Care Creating a Healthier Central Oregon Organization (CCO); and align and influence agencies, caregivers, residents, and policy makers.

Purpose Statement

We exist to build an equitable and integrated health ecosystem that improves the health of Central Oregonians through collaboration and partnerships, data-driven decisions, quality improvements, lowered costs, and empowered providers. Our value to the region will exceed the cost of our efforts.

- How do we measure progress or success around our mission/purpose statements?
- How do we measure success with COHC funded grants through the RHIP?
• How do our outcomes by committee, group, or actions taken fit under the mission and align with it?
• Is there universal agreement with what “better” means?

Should we have a statement of the metrics that clearly tells how we will measure success?
• What is the Board’s role in doing this?
• What will it take for COHC to align around our measurements?
• What will be the trade-offs?
• What stands in our way and how can we shift it?
• Are there changes needed to the JMA to support this change?
• How does this encompass and guide our teams and community?

What can we learn from others to guide our efforts?
• Are there good examples to investigate?
• Who/how should we go about this study?

How do we involve our community?
• How do we get understanding and alignment with our partners and each other?
• How do we message our dashboard wo we are regularly reporting to the community?
• How do the True North metrics guide our RHIP goals and accomplishments?

Are we committed to leaning into this?
Interim Executive Director’s Report
March 14, 2024

Highlights

- Shared Savings Provider Distribution 2022 – complete
- Shared Savings Behavioral Health Distribution 2022 – presented for vote BOD March meeting
- COHC Annual Financial Audit submitted for BOD Vote March Meeting

Shared Savings Distribution 2022

(Previous Director’s note) Shared Savings dollars was received mid-October 2023, less the Governor’s Ask investment for Behavioral Health youth support as approved by the Board September 2023 as part of the 50% dedicated to behavioral health. The Governor’s ask of $1,442,040 has been retained by PCS and COHC will be apprised of any developments of this investment.
The Behavioral Health Shared Savings team convened and their proposal is before the COHC BOD for the March Board meeting. Once approved, distributions will meet the contractual requirement of being paid out prior to March 31, 2024. Subsequent years’ Shared Savings will be distributed by protocol and process. This process will be vetted and presented to the COHC BOD at their April meeting.

COHC Annual Financial Audit

Our annual financial audit is complete and approved by the Finance Committee and brought for final approval at the March Board meeting. Questions from the October 2023, December 2023, and February 2024 Board meetings have been addressed.

Operations

- Accurate Bookkeeping is current on our 2023 and 2024 financial statements. This will require some catch-up work, on my behalf, to tie out January through August (planned for late March).
- The COHC budget for 2024 is complete and was approved by COHC BOD at the February Board meeting.

Staff

- Two new program managers have been hired (late January). Both are acclimating well and are a welcome addition to the team.

Questions: Please contact Donna Mills @ donna.mills@cohealthcouncil.org
CCO Director Report
Date: March 2024
To: The Central Oregon Health Council (COHC) Board of Directors
Prepared by: Lindsay Atagi, Director Central Oregon CCO

PACIFICSOURCE COMMUNITY SOLUTIONS (PCS) CENTRAL OREGON CCO UPDATES:

Health-Related Social Needs (HRSN)
Oregon Health Authority applies to renew its waiver with the Centers for Medicare and Medicaid Services (CMS) every five years. CMS can accept or reject proposals. Oregon’s most recent 1115 Waiver was approved for October 2022 – September 2027. This approval includes Health-Related Social Needs (HRSN) services available as a covered benefit for eligible OHP members. HRSN is defined as the social and economic needs that impact an individual’s ability to maintain their health and well-being.

PacificSource is planning full steam ahead for implementation of the new Health-Related Social Needs (HRSN) benefits for eligible OHP members.
- Climate device supports portion of the HRSN benefits begin 3/1/24.
- Housing supports portion of these benefits are scheduled to begin 11/1/24.
- Nutrition/food supports portion are scheduled to begin 1/1/25.

Also going live 3/1/24 is the grant application window for HRSN Community Capacity Building Funding (CCBF). These grants are intended to provide upfront infrastructure grants to community-based organizations to become HRSN Service Providers with CCOs. Allowable uses for these grant funds include technology, development of business or operational practices, workforce development, or outreach, education, and convening. The application period is 3/1/24-5/31/24 and applicants will be notified of grant awards by 7/31/24. CCOs must prioritize HRSN Services Provider applicants who offer services to transition populations (e.g., incarceration, houseless, child welfare) and priority populations (e.g., BIPOC, rural). The funding for all four CCO regions totals $11.4M and operates as pass through from the Oregon Health Authority. Central Oregon’s allocation for CCBF is $2,270,427. Outreach regarding this grant opportunity has begun in the PCS regions and will continue through April. For more information please visit https://www.oregon.gov/oha/hsd/medicaid-policy/pages/ccbf.aspx or contact Elliot.Sky@pacificsource.com.

Medicaid Redeterminations
On February 13, 2024, Centers for Medicare & Medicaid Services (CMS) granted the Oregon Health Authority an extension to process eligibility redeterminations for the remaining 107,000 renewals in the final group. These renewals will be staggered over four months starting in June 2024 and will continue through September 2024. This means final responses would be due in December 2024 with final closures in February 2025. See chart below for more detail:
Tribal Community Benefit Initiative

In 2021, all four PCS health council partners signed a Community Benefit Initiative (CBI) Delegation Agreement. Part of this agreement earmarks 25% of each region’s CBI budget for Tribal investments. These investments are rooted in Tribal sovereignty and self-determination, pooled annually, and then offered to the Federally recognized Tribes in PCS’ four service areas. Buffy Hurtado, PCS Tribal Liaison, leads this work with regional support from PCS Community Health Coordinators. Below are the 2023 Tribal CBI Investments:

- **Confederated Tribes of Warm Springs (CTWS)** – PacificSource partnered with the CTWS to build a skatepark in Simnasho after the success of the park in Agency. PCS also provided support to the CTWS emergency home repair program, which keeps more tribal members in their homes.
- **Coquille Indian Tribe** – PacificSource partnered with the Ko-Kwel Wellness Center to begin providing harm reduction and resource navigation services to tribal members. This includes providing culturally specific services and support to engage tribal members struggling with substance use disorder.
- **Confederated Tribes of Grand Ronde (CTGR)** – PacificSource partnered with the CTGR to support its housing retention program for tribal members. These services include social support, basic life skills, education, and budgeting for tribal members exiting homelessness or at risk of becoming homeless.
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
Miranda Hill, Klamath County Public Health
Tom Kuhn, Deschutes County Health Services

CAC Members Absent:
Elaine Knobbs-Seasholtz, Mosaic Community Health
Stacy Shaw, Consumer Representative, Crook County Health Strategist
Mayra Benitez, Consumer Representative

COHC Staff Present:
Kelley Adams, Central Oregon Health Council
MaCayla Arsenault, Central Oregon Health Council
Gwen Jones, Central Oregon Health Council
Camille Smith, Central Oregon Health Council
Donna Mills, Central Oregon Health Council
Avery Grace, Central Oregon Health Council
Mary Burns, Central Oregon Health Council
Bradley Garner, Central Oregon Health Council
Miguel Herrada, Central Oregon Health Council

Support & Guests Present:
Martha Edwards, PacificSource
Kristen Tobias, PacificSource
Leslie Neugebauer, PacificSource
Dustin Zimmerman, Oregon Health Authority
Elliot Sky, PacificSource
Katie Ortgies, Oregon Health Insurance Marketplace
Ana Mesina, Volunteers in Medicine
Tricia Wilder, Pacific Source
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

• Tom Kuhn read the Land Acknowledgement (Page two in meeting packet).

Meeting Practices

• Brad Porterfield reviewed the Meeting Practices and how the CAC meetings are meant to be welcoming for all (Page three in meeting packet).

Public Comment/Patient Story

• Brad Porterfield welcomed public comment and shared his story on the OHP Welcome Letter, does not feel welcoming. Multiple OHP Welcome Letters were also needlessly sent.
  o After being told Brad’s son wouldn’t be covered on OHP come September, the sign-up process lacked communication and took about three months. Then after submitting all the necessary income documentation, OHA never responded. Going through DHS to assist with the signup process was much easier.
  o Regarding points of contact, Kristen Tobias explained that once enrolled, people should go through PacificSource.

Announcements

• MaCayla Arsenault announced CAC consumer representatives need to fill out W9s, return them to COHC, and be mindful how reported income can affect Medicaid eligibility.
• Grant summary reports to be provided with the link to the Google sheet along with the packet each month.
• Meeting time survey had 5 responses indicating the current meeting days and time is still preferred. As the CAC grows, we will continue to check in and revisit as needed.
• February is Black History Month, we want to invite people to a month-long journey of reflection, empowerment, and celebration as we honor the incredible legacy of the black community.

Approval of January Meeting Notes

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

CAC Member Small Group Breakout Session

• The topic for the February meeting icebreaker: What person(s) historical or current has inspired you? Which accomplishments, failures, or character traits inspire or motivate you?
2024 CAC Priorities & Strategies

- Brad Porterfield shared the four major themes for CAC priorities and strategies going into 2024. These themes are:
  - Consumer engagement, recruitment, and increasing consumer voice.
  - Increase CAC visibility.
  - Make a difference in emerging issues.
  - Improve the feedback and report back loop from grantees.

- Linda Johnson acknowledged the importance with the amount of taxpayer funds flowing for programs, creates a need to showcase the positive impact to people in the general population, policy makers, and community leaders.

- No objections from CAC members in moving forward with the presented 2024 CAC priorities and strategies (Detailed table available in packet page 22).

Recruitment

- MaCayla Arsenault presented details for heading into CAC recruitment.
  - CAC membership requires representatives of the community from each county government served by the CCO.
  - Majority of the CAC should be comprised of consumer representatives. Consumer representatives are people on the Oregon Health Plan and enrolled with PacificSource Community Solutions.
  - Members must be at least 16 years old.
  - Someone can be considered a consumer representative if they are considered the primary caretaker or guardian of someone on the Oregon Health Plan enrolled with the CCO.

- Membership intended to be representative of the community that the CCO serves, with emphasis on communities the experience health disparities.

- Tribal Advisory Councils of tribes within the CCO service area can choose to appoint a tribal representative to sit on the CAC.

- CAC demographic survey data visual comparisons to 2023 community demographic data obtained from PacificSource. (Pages 13-21 in meeting packet).

- Avery Grace highlighted the importance of us in recognizing and defining our principles we want to put into action to diversify; to have the CAC emphasize being just, equitability, and inclusive.
  - CAC members are invited to offer suggestions for principles, and ideas regarding improving representation and inclusivity.
  - Equity seeks to achieve fairness in outcomes.
  - Proportional representation can be utilized as a beginning with an aim towards equity, inclusion, justice, access, and diversity.
  - Mande Seeley asked about if and how we distinguish rural and urban representation on the CAC. Avery Grace addressed pieces of that distinguishment in the RHA, but that it is complex.

- Avery Grace emphasized the groups and populations with the lowest representation in our present CAC as prioritized focuses for recruitment.
Charter Revision
- MaCayla Arsenault presented a draft form of a new charter for the CAC that fulfills the request of the governance committee including CAC responsibilities and measures of success (Pages 25-27 in meeting packet).
- CAC members are encouraged to review the draft to recommend edits, pieces to add, or remove.
- Email MaCayla Arsenault with recommendations at: MaCayla.Arsenault@cohealthcouncil.org

Health Related Social Needs Community Capacity Building Fund
- Time called prior to presentation, will try to reschedule in future meeting.