



2017-2018

Curry County Community Health Improvement Plan

2017-2018 PROGRESS REPORT

JUNE 25, 2018

Table of Contents

Introduction	2
Timeline.....	3
Committee Membership.....	4
Report on Activities.....	5
Priority 1: Prevention & Services	5
Goal 1: Mental Health and Addictions.....	5
Goal 2: Increase awareness of Adverse Childhood Experiences (ACEs)	5
Goal 3: Substance Abuse Prevention	9
Goal 3. School-Based Prevention Services.....	10
Priority 2: Lifestyle	11
Goal 1: Maternal Health: Increase the timeliness of prenatal care.....	11
Goal 2. Healthy Food and Lifestyle	12
Priority 3: Communication & Benefits	13
Goal 1: Transportation.....	13
Goal 2: Increase easy to access information to members about benefits and services.....	13
Priorities for the Coming Year.....	14
Appendix A: Questions from OHA	15
Key Players in Child and Adolescent Health.....	15
Health Priorities and Activities in Child and Adolescent Health	16
Health Disparities.....	18
Alignment, Quality Improvement, Integration	20
Appendix B: Acronyms.....	25
Appendix C: Curry County Community Advisory Council Charter	26

Introduction

Western Oregon Advanced Health (WOAH), doing business as Advanced Health is a Coordinated Care Organization (CCO) that administers the Oregon Health Plan (OHP) to members in Curry and Coos Counties. Advanced Health currently has more than 19,000 members in these two counties.

Advanced Health partners with most healthcare providers and social service agencies in Curry County, including: Curry Health Network (CHN), Curry Community Health (CCH), Adapt, Advantage Dental, Bay Cities Brokerage (BCB), Coast Community Health Center (CCHC) a Federally Qualified Health Center (FQHC), North Bend Medical Center (NBMC), South Coast Head Start, Oregon Coast Community Action (ORCCA), South Coast Regional Early Learning Hub (SCREL), and many other health care and social service agencies to provide high quality care and service to members.

This document is intended to report progress on the goals laid out in Curry County Community Health Improvement Plans (CHIP). The accomplishments outlined in this report was contributed by the Curry Community Advisory Council (CAC), CHIP subcommittee members, community partners, and Advanced Health's workforce. Advanced Health's CAC reviewed and accepted this fourth annual report on the CHIP, which reflects activities performed from March 2017 through March 2018.

The report includes the following:

1. Timeline outlining the development of the Curry County Community Health Assessment (CHA) and CHIP
2. Participating organizations (current) in the development and implementation of the CHIP
3. Summary of accomplishments: March 2017 – March 2018
4. Priorities for the coming year
5. Appendix A: CHIP Progress Report Questions from Oregon Health Authority (OHA)
6. Appendix B: Acronyms
7. Appendix C: Curry County CAC Charter

Timeline

The following timeline outlines the development of the CHA and CHIP:

February 2015: The Curry CAC was formed.

March 2015: The CAC met to discuss, prioritize and establish their three CHIP focus areas: 1) Linkages and Coordination, 2) Accessing Care and Services, and 3) Prevention.

June 2015: The first CHA and CHIP were submitted to Oregon Health Authority (OHA).

June-August 2015: The CHIP subcommittees developed detailed activities, identified champions, developed timeline and measurements to achieve the CHIP objectives.

September 2015 – March 2016: The CHIP subcommittees developed a detailed work plan, expanded the CAC membership and engaged CAC members to work with WOA staff on CHIP activities.

March – March 2017: The CAC held its first annual CAC retreat. The CHIP consolidated the School Based Services subcommittee with the Prevention CHIP subcommittee as the initiatives aligned in the work.

September 2017 – April 2018: Advanced Health and community partners solicited requests for proposals to align the efforts of Advanced Health, local hospitals and provider offices/clinics, public health agency, social service organizations, and the residents of the communities they service to develop a shared CHA in Curry County. Partners included: Advantage Dental, CHN, CCH, CCHC, Advanced Health CAC members, Allcare Health, SCREL, ORCCA, and the Tolowa Del-Ni' Nation.

The partnership enables the creation of an effective, sustainable process; stronger relationships between communities, and partnering organizations; meaningful CHA; and results in a platform for collaboration around health improvement plans and activities that leverage collective resources to improve the health and well-being of Curry County communities.

The scope of the project resided within a contextual framework that includes the Social Determinants of Health and the partnering organizations' requirements.

The final document will be completed in May 2018. Once completed the CHA will be presented, reviewed, and accepted by the Advanced Health's CAC and Board of Directors.

Once the final document has been accepted by Advanced Health's CAC and Board of Directors a new and or revised CHIP will be developed by the CAC, CHA Committee, and CHIP Committees to serve as a strategic population health and health care system plan for the community. The CAC will review and accept the new CHIP by February 2019.

Committee Membership

The Curry CAC and CHIP are made up of CCO members, community physical and oral health providers, peer advocates, the local health department, and the CCO (Advanced Health). Five to seven CAC members are involved in each CHIP subcommittee. Per Oregon Administrative Rules (OAR) 410-141-3145, ORS 414.627, and Senate Bill 902 – the CCO, CAC, and CHIPs have made targeted and successful efforts to partner with the Early Learning Council, Local Mental Health Authority (LMHA), Area Agency on Aging, Aging and People with Disabilities (APD) field office, oral health care providers, the local public health authority, community-based organizations, hospital systems, and school health providers in the area (see committee charter in Appendix C). The following organizations have been involved in the 2017 – 2018 CHIP work.

Advanced Health
Advanced Health Community Advisory Council
Advantage Dental
Aging and People with Disabilities
AllCare Health
Bright Eyes Midwifery and Wild Rivers Women’s Health LLC
Bay Cities Brokerage
Coast Community Health Center
Curry Community Health
Curry Health Network
Curry Juvenile Department
North Bend Medical Center, Gold Beach
Oasis Shelter Home
Oregon Coast Community Action
Oregon Health Authority Innovator Agent
Oregon State University Extension Service
Peer Advisory Council
South Coast Regional Early Learning Hub
The Citizens Who Care.org
Rogue Valley Transit District - Translink
211info

Report on Activities

Priority 1: Prevention & Services

Goal 1: Mental Health and Addictions

Identify opportunities for the CAC to improve coordination of mental health and substance abuse services and treatment.

Objective:

By 2018, a drop-in center will be established in the Brookings area to offer peer supports and services for people with mental health and substance use disorders.

Strategy	Progress: April 2018
Drop-in Center	CCH had plans to establish a drop-in center in Brookings. Due to changes in programming the drop-in center was not implemented in 2017-2018.

Goal 2: Increase awareness of Adverse Childhood Experiences (ACEs)

Objective 2: Train 12 individuals as ACE Master Trainers in Curry and Coos Counties.

Outcome Indicators:

- 12 individuals (4 from Curry and 8 from Coos Counties) will be trained by ACE Interface as Master Trainers by November 2017.
- The Master Trainer candidates will begin training community organizations, schools, providers, etc. in Curry County by December 2017.
- By December 2018 Advanced Health will contract with ACE Interface for their Self Healing Communities Initiative (SHCI) [components of: Development and support of a Steering Committee, Metrics Committee, Key Informant Interviews, and the Guiding NEAR (Neuroscience, Epigenetics, ACE, Resilience) workshop].

The CHIP subcommittee has updated the work plan for 2017-2018 to include ACE trainings and the Self Healing Communities Initiative (SHCI). The plan is to have a CHIP subcommittee member on the Southcoast ACE Steering Committee to develop a community approach as well as a targeted approach for medical, dental, behavioral and mental health providers, educators, law enforcement, social service organizations, and others to participate in this work. The ACE Steering Committee will work with a multitude of community partners to put together a multi-pronged approach to bring awareness, training, tools, and implementation of the evidence- based model to the community.

Strategy	Progress: April 2018
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ACE trainings

Twelve people (4 from Curry, 8 from Coos) were nominated by agencies to be trained as Master Trainers by ACE Interface. The nomination grew out of a community meeting at which ACE Interface and The Lieberman Group talked about the Self-Healing Communities model and the impact it was having in the Rogue Valley.

This meeting was the result of increasing numbers of requests over a couple of years for ACEs training that came to the Advanced Health CAC, to Kairos CEO, and to other leaders. People were becoming aware of the activity in the Rogue Valley and wanted to learn more.

Advanced Health convened a meeting at Bay Area Hospital. It was attended by about 35 community partners. The group expressed a strong interest in the project, which has two components (to oversimplify): the training of master trainers to deliver the ACE Interface curriculum and the Self-Healing Communities Initiative (SHCI) related activities. The group discussed the cost of the training component, defrayed because it would be shared by the two partners having individuals trained- Southern Oregon University and Rogue Community College. The group expressed a strong opinion that the community could come up with those dollars.

Based on that, follow-up meetings provided a challenge; agencies putting up \$5,000 would have the right to nominate individuals to be selected to be trained. The community responded immediately with sufficient commitments to fund the south coast portion of the training. Advanced Health agreed to be the fiscal agent, license holder, and sponsor, and to provide administrative support. It contracted with ACE Interface for the training and with Lieberman Group for the Lead Trainer function and other consultative activities.

The training was provided by Robert Anda, Laura Porter, Kathy Adams of ACE Interface and the Lieberman Group. It was two days in November 2017, in Medford, Oregon. A total of 28 individuals were trained- 8 each from Southern Oregon University and Rogue Community College, along with the 12 from the south coast.

Advanced Health subsequently decided to contract with ACE Interface for the initial SHCI activities, and with Lieberman Group to help support those as needed.

The Master Trainers started to make presentations. They train in pairs for a period of time, with criteria established for them to be allowed to train solo, and then for certification. The Lead Trainer oversees the process and leads a learning collaborative through regular meetings. They review experiences and audience response and make collaborative decisions related to the ongoing work.

Trainings are at no cost. The trainers had to commit to the time and show approval from their agencies to give the time. Scheduling is flexible, coordinated through Advanced Health, which also provides administrative support for the meetings and has convened a Steering Committee, Metric Committee, and Communication Committee for the SHCI. Requesting agencies are expected to support the training – providing handouts and refreshments.

ACE Interface: SHCI

Advanced Health contracted with ACE Interface for their SHCI in December 2017.

The Steering Committee and Metrics Committee were formed and meets monthly.

The Steering Committee is developing a Strategic Plan with the goal of completion by July 2018.

The Metric Committee is developing their primary and secondary data sources, identifying metrics to track over time to measure the outcomes.

- ✓ 13 trainings have been completed year-to-date (YTD) 2018
- ✓ 148 attendees have been trained
- ✓ 19.6 total training hours have been delivered

The Communication Committee has formed and will meet to discuss the development of a website, Facebook page, quarterly newsletter, and other media outlets.

Key Informant Interviews

Key Informant Interviews were conducted by ACE Interface to understand and develop a tacit theory of change that will be used by the Steering Committee to further the SHC work. Some quotes from the interviews follow:

- “I feel there is increased traction for opportunities for

collaboration and cooperation and leadership and am optimistic we will see more breaking of the silos and more collaboration.”

- “They (community leaders) know how to engage and talk about what matters. Individuals working with Human Services, the Coalition, and the CCOs are taking a larger role in leading the conversations.”
- “I feel it’s more important than ever to be connecting people.”
- “We have a multi-disciplinary team that meets every month, it’s a strong meeting.”
- “There has been improvement in information sharing across the county – nonprofit to nonprofit, agency to agency, but still room for improvement.”
- “I’m really enthusiastic about new voices at the table.”
- “There are some policies to align goals and work together.
- “I feel it’s more important than ever to be connecting people.”
- “People are collaborating a bit more.”
- “I think there’s more collaboration.”

Goal 3: Substance Abuse Prevention

Support peer-to-peer prevention efforts to prevent alcohol, tobacco, and other drug use and abuse (ATOD).

Objective:

By 2018, a drop-in center will be established in the Brookings area to offer peer supports and services for people with mental health and substance use disorders.

Strategy	Progress: April 2018
Drop-in Center	<p>CCH had plans to establish a drop-in center in Brookings. Due to changes in programming the drop-in center was not implemented in 2017-2018.</p> <p>CCH is looking at completing the drop-in center in late 2019 or early 2020.</p>
<u>Suicide Awareness Campaign</u>	
741741 Text Line	<p>Develop strategies to promote awareness of the 741741 Crisis Text Line, such as participating in community fairs, community forums, and making available educational materials to place in the community, including schools and School Based Health Centers (SBHC), and provide to individuals at local events.</p>
Applied Suicide Intervention Skills Training (ASIST)	<p>ASIST training has been offered by Columbia Care and continues to be offered as needed.</p>
Tobacco	<p>CCH has engaged in local and state policy focusing on tobacco prevention. The goal is to implement tobacco free policies on government properties.</p> <p>CCH implemented a tobacco free policy at all its five locations. Their Tobacco Prevention Education Program (TPEP) Coordinator took part in supporting the state initiatives for Tobacco 21 (SB754) and retail licensing.</p> <p>In addition, CCH has also begun work on outdoor tobacco policy development with local business owners and are conducting a comprehensive tobacco retail assessment in Curry County.</p>

Goal 3. School-Based Prevention Services

Objective:

By September 2018 additional school-based health services (SBHS) [outside of Brookings] will be available (preferred target date is Sept. 2017).

Objective:

By 2020, decrease the number of adolescent (age group: 10-24) suicides from 15.8 suicide deaths per 100,000 people (2003-2012) to the state average 8.7 deaths per 100,000 people.

Strategy	Progress: April 2018
Youth Mental Health First Aid Training	CCH completed a Youth Mental Health First Aid Training on March 10, 2017.
Youth Advisory Council (YAC)	Due to staffing changes at CCH, the YAC in Gold Beach did not continue. The CCH Prevention Specialist will begin this work in late spring 2018.
To Be Health Campaign (TBH)	Due to staffing changes at CCH, the TBH Campaign did not continue in 2017 – 2018. Advanced Health staff partnered with other local providers to ensure children and youth received their well child/adolescent visits.
Create a Bullying Prevention Awareness Campaign.	<p>Objective: By 2020 reduce the number of students that state they have been bullied for any reason in 30 days prior to the survey from 39.1% of 11th graders to \leq 36.7%, Oregon state average (2016 Oregon Student Wellness Survey).</p> <p>The CHIP subcommittee implemented ACE trainings in Curry County. The metric committee will review data about bullying and track overtime to determine if ACE awareness and the SHCI are an intervention to reduce the number of students that state they have been bullied.</p>
RESPONSE (high school-based program that increases awareness about suicide among high school staff, students, and parents).	The CHIP subcommittee provided financial support to have the RESPONSE program training included in two high-school’s in Curry County. The committee continues to discuss this program with other school leadership in Curry Counties.
School Based Counselors	There are three school districts in Curry County: Bookings/Harbor (four schools), Gold Beach (two schools), and Port Orford (two schools). CCH provides mental health services in all schools.

Priority 2: Lifestyle

Goal 1: Maternal Health: Increase the timeliness of prenatal care.

Objective: By 2020, increase the percent of women who receive prenatal care in the first trimester from 66.3% to 77.9% (Healthy People 2020).

Strategy	Progress: April 2018
Implement, track, and report on One Key Question (OKQ) project in Curry County.	Measurement goals for providers who have implemented the OKQ in their clinics: <ul style="list-style-type: none">• By the end of 2017, achieve a 67.5% rate of timeliness of prenatal care, within the first trimester or within 42 days of signing up for OHP. First trimester care by county of residence, Oregon resident births 2017 preliminary data = 67.9% (county level data from OHA).• By the end of 2017, exceed the 2016 performance of 30.2% effective contraceptive use for women between the ages of 18 to 50 by 3% to 31.11%. Goal: December 31, 2017 = 31.08%.
OKQ	The Lifestyle Subcommittee provided funding to Bright Eyes Midwifery and Wild Women’s Health Center to continue the work of OKQ in Curry County. The funding is to support 65 hours of dedicated staff time, educational materials, and travel expenses to bring more awareness and implementation of OKQ in provider offices.

Goal 2. Healthy Food and Lifestyle

Support programs that expand access to healthy food and physical activity.

Objective: By June 2018, increase healthy food choices to residents of Curry County.

Objective: By May 2018, provide alternative active living and school programs to youth in Curry County.

Strategy	Progress: April 2018
<p data-bbox="203 489 381 520">Healthy Foods</p> 	<p data-bbox="716 489 1372 554">The CHIP Lifestyle Subcommittee gave the South Coast Watershed – Curry Watersheds Partnership funding to:</p> <ol data-bbox="764 596 1414 1192" style="list-style-type: none">1. Fund North Curry School Garden Elements as the outside living classroom is reconstructed;2. Purchase needed kitchen carts for North Curry School Cafeteria to transport school garden produce from the garden to the cafeterias;3. Fund Central Curry School Garden;4. Fund North & Central Curry Schools with supplies for cooking/nutrition classes and taste testing.5. The middle school students held a Farm to School Dinner where they served 85 community members a locally sourced meal. The students shared information about their Farm to School education. They grew all the greens for the salad they served, and they highlighted three local salad dressing they learned how to make from their cooking classes.
<p data-bbox="203 1224 581 1255">Active Living – Youth Programs</p>	<p data-bbox="716 1224 1372 1289">The CHIP Lifestyle Subcommittee gave funding to Curry County Juvenile Department:</p> <ol data-bbox="764 1331 1372 1545" style="list-style-type: none">1. Bicycle Safety and Helmet Awareness Program;2. “Providing the Basics” (project that works with homeless youth that do not have the basics: hygiene kits, protein snacks, lice kits, etc.) and3. “Preparing At Risk Youth for Success in School” program.

Priority 3: Communication & Benefits

Goal 1: Transportation: Support non-emergent medical transportation to increase access and coordination of services.

Strategy	Progress: April 2018
Review BCB member survey to understand member satisfaction of the Non-Emergent Medical Transportation (NEMT) benefit.	BCB sends member surveys out on a quarterly basis.
Develop a brochure on the NEMT benefit in order to educate members about their transportation benefit.	Advanced Health changed transportation providers in fall 2017. The new provider, BCB developed a member brochure. The Curry CAC reviewed the brochure and provided feedback to the brokerage firm.

Goal 2: Increase easy to access information to members about benefits and services.

Objective 2:

- **By 2018 an updated community resource guide will be available to Advanced Health members and others within the Curry community.**

Strategy	Progress: April 2018
211info	<ol style="list-style-type: none"> 1. Increase the number of users of the 211info system by: # of organization in the database \geq 30% - met 67% # of contacts by call = \geq 25% - met 43% # of contacts by text = \geq 25% - did not meet # of contacts by emails = \geq 25% - met 300% # of contacts by website = \geq 25% - did not meet 2. Increase the number of services in the database by = \geq 30% - increase by 19% 3. Increase the number of organizations that are listed in 211 info databases from a baseline of 21 to 27. Met – n= 35
Patient Centered Primary Care Home (PCPCH) Learning Collaborative.	Invited CHN, CCH, and North Bend Medical Center Gold Beach to the PCPCH Learning Collaborative.

Priorities for the Coming Year

Advanced Health, CAC OHP consumer members, CHIP Committee members, CHN, CCH, Advantage Dental, Tolowa Dee-Ni' Nation, AllCare Health, SCREL, CCHC, and ORCCA participated on a common CHA.

The CAC is the decision-making body for approving the CHA process, approach, and focus. In accordance with ORS 410-141-3145 and the CCO contract with OHA, this was the second CHA since the inception of the CCO, Advanced Health.

The CHA will be completed in May 2018. The CHA framework is the Social Determinants of Health as defined by Healthy People 2020 as “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks,” found at www.healthypeople.gov.

By February 2019, the new CHA will be reviewed with the CAC and community partners for the purposes of setting new or continuing current priorities for the ongoing work of the CHIP. The 2018 – 2019 CHIP Progress Report will outline the work of the new priorities and activities.

Appendix A: Questions from OHA

Key Players in Child and Adolescent Health

1. Which of the following key players are involved in implementing the CCO’s CHP? (select all that apply)

- Early Learning Hubs
- Other early learning programs¹
Please list the programs: Head Start
- Youth development programs²
Please list the programs: YAC
- School health providers in the region
- Local public health authority
- Hospital

2. For each of the key players involved in implementing the CCO’s CHP, indicate the level of engagement of partnership:

	No engagement			Full engagement	
	1	2	3	4	5
Early Learning Hubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other early learning programs ¹	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth development programs ²	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School health providers in the region	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local public health authority	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional comments: [Click here to enter text.](#)

3. Describe how these key players in the CCO's service area are involved in implementing your CHP.

- ✓ The South Coast Regional Early Learning Hub is an active participant on the ACEs committees. Advanced Health’s Director of Community Engagement serves on the SCREL Steering Committee and their parent organization’s Board of Directors. In addition, Healthy Families Oregon, Curry Public Library, past Curry County Commissioner, current business owners and community volunteers are participants on the SCREL Steering Committee.
- ✓ Advanced Health, SCREL and Pathways to Positive Parenting hosted “Children First for Oregon for a Community Conversation in November 2017.
- ✓ Southwestern Oregon Community College (SOCC) is an active member of the ACE Steering and Metrics Committees.

¹ This could include programs developed by Oregon’s Early Learning Council.

² This could include programs developed by Oregon’s Youth Development Council.

- ✓ Education Service Districts (ESD) are an active member of the ACE Steering Committee

4. If applicable, identify where the gaps are in making connections.

- ✓ One of Advanced Health's main partners, CCH made significant program changes in 2017 and 2018. With these changes some gaps occurred in the formation of the YAC and Drop in Center in Brookings. Although some of these projects/programs/services are still in discussion, the community did not experience the benefits of these as scheduled in 2017-2018.

Health Priorities and Activities in Child and Adolescent Health

5. For CHP priorities related to children or adolescents (prenatal to age 24), describe how and whether the CHP activities improve the coordination of effective and efficient delivery of health care to children and adolescents in the community.

The following CHIP activities improve the coordination of effective and efficient delivery of health care to children and adolescents in the community. The composition of the membership of the CHIP subcommittees include social service agencies, CCO, public health, mental, oral and medical practices, FQHC, peer advocates, and other youth focused organizations. The CHIP has been very successful in implementing the activities by partnering with a cross-sector of organizations to increase efficiency, service delivery, and quality programming.

- ✓ OKQ implementation
- ✓ Commercial Tobacco Prevention
- ✓ Youth Mental Health First Aid
- ✓ PCPCH Learning Collaborative
- ✓ ACE Trainings (organizational and community)

6. What activities is the CCO doing for this age population?

- ✓ CCO has connected with its local schools and Advantage Dental to improve oral health in their populations (0-18).
- ✓ CAC, Advanced Health, Advantage Dental put together 10,000 oral health kits for students in Curry and Coos County Schools.
- ✓ Several CCO staff, school district staff, CAC members and partner organization staff have attended ACEs trainings.

The following activities have been fully or partially funded through Advanced Health's 2017 Incubator or CAC Mini Grant funds:

Through the CAC Mini Grant:

- ✓ The CHIP Lifestyle received funding to support the School Garden Activities through the South Coast Watershed. Activities included:
 - Fund North Curry School Garden Elements as the outside living classroom is reconstructed;

- Purchase needed kitchen carts for North Curry School Cafeteria to transport school garden produce from the garden to the cafeterias;
 - Fund Central Curry School Garden, and
 - Fund North & Central Curry Schools with supplies for cooking/nutrition classes and taste testing.
- ✓ The CHIP Prevention Committee awarded funding to Curry County Juvenile Department for:
 - Bicycle Safety and Helmet Awareness Program;
 - Providing the Basics Kits for youth, and
 - Preparing At Risk Youth for Success in School.
 - ✓ The CHIP Lifestyle Committee awarded funding to:
 - Bright Eyes Midwifery and Wild Women Health Center for the continuation of the OKQ.
 - Wild Rivers Bicycle Association to support hiking trail development in Curry County.

Through the Quality Incubator Fund:

- ✓ Advanced Health also financially supported in partnership with Southwestern Oregon Workforce Investment Board a medical assistants certification program for individuals currently working in the field and for individuals interested in entering the field.

Additional community initiatives include:

- ✓ Advanced Health continues to support the Fearsome Clinic, which provides a single clinic for physical, mental, dental, and social (CANS) assessments for all children and adolescents new to DHS custody. In 2017 these clinics began in Curry County. Previously the clinics were only offered in Coos Bay, Oregon.
- ✓ Mental Health First Aid Training continues to be offered to professionals and paraprofessionals throughout the community, including schools.
- ✓ Advanced Health supported SOCC with a letter of support for their Community Health Worker Training program. SOCC received approval notice on March 27, 2018. The first class will begin May 2018. Advanced Health will provide scholarships for individuals interested in the training. Everyone that receives a scholarship will work with Advanced Health on a CHIP, quality incentive measure, or other programs.
- ✓ An Oral Health Needs Assessment is being sponsored by the South Coast Oral Health Coalition, including Advantage Dental. Funding for the assessment is being provided by OHA Transformation Center, Advanced Health, and AllCare Health. The assessment will include a survey of primary care, dental providers, and consumers in Coos and Curry Counties. Once the assessment is completed a strategic plan will be developed to address needs and barriers.

7. Identify ways the CCO and/or CAC(s) have worked with school and adolescent providers on prioritized health focus areas.

In addition to activities listed in #6 above the following are additional priority health focus areas:

- ✓ Twelve ACE Master Trainers were trained by ACE Interface to bring awareness of ACEs in the community. Of these twelve, one is from the Curry Juvenile Department, OASIS Shelter Home (a home for women experiencing domestic violence), Health Care Provider, and AllCare Health

employee. Each of these trainers have connections with school officials in Curry County and have begun training school personnel.

- ✓ Advanced Health is engaged with the SCREL and has cross membership with the CAC.
- ✓ The Everybody Brush program, offered by Advantage Dental, offers preventive dental services for children in Kindergarten through 8th grade.
- ✓ CCHC has increased their Outreach/Enrollment specialist's activities Pacific High School. The specialist is at the schools on a weekly basis to increase access to outreach, insurance re/enrollment assistance, and health education information.
- ✓ CCHC also has an Outreach worker that provides services at the Family Science Technology, Engineering, Math (STEM) nights.
- ✓ ADAPT (the addiction treatment center in Coos and Curry Counties provides access to addictions treatment, behavioral health care, and prevention services) provides education twice per week in three Coos County Schools that focus on coping skills and addiction education.
- ✓ The CCH Prevention team along with the Brookings Harbor High School Youth Advisory Committee (YAC) kicked off their monthly prevention themes in January for all grades K-12 in the Brookings Harbor School District. Each month is a new theme and the YAC create posters to hang in the schools and have lunchtime tables at the middle school and high school where they play games and provide resources pertaining to that month's theme. Several businesses in the Brookings-Harbor community also donated gift cards for the YAC to provide at the high school lunchtime table as an incentive to get students to visit the table and participate. The prevention team also puts together "lesson plans" for the elementary school teachers and supplies them with all the materials they need to deliver the theme's message and activities. Brookings was the "pilot" district for the program and CCH will be scheduling meeting in Gold Beach and Port Orford to hopefully get the themes going in their school districts as well.
- ✓ The Strengthening Families Program (SFP) is a nationally and internationally recognized parenting and family strengthening program for high-risk and general population families. SFP is an evidence-based family skills training program found to significantly improve parenting skills and family relationships, reduce problem behaviors, delinquency and alcohol and drug abuse in children and to improve social competencies and school performance. Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills. Several CCH Public Health team members have been trained to facilitate the program which is held once a week for 6 weeks. March 2018, a train the trainer event was held and on September 20th the program will begin in Brookings with later dates for Gold Beach and Port Orford.

Health Disparities

8. For each chosen CHP priority, describe how the CCO and/or CAC(s) have worked with OHA's Office of Equity and Inclusion (OEI) to obtain updated data for different populations within the community, including socio-economic, race/ethnicity, health status and health outcomes data.

- ✓ An Advanced Health worker attended the Developing Equity Leadership through Training and Action (DELTA) program through OHA. The knowledge gained assisted the worker in applying an equity lens by assessing workforce diversity, working with CHIP subcommittees, and the ACEs and SHCI.
- ✓ Advanced Health, through the work of ACEs is identifying metrics for different populations within the community to baseline and track the efforts of the ACE and SHCI.

9. Explain whether updated data was obtained by working with other state or local agencies/organization(s) and what data sources were utilized.

- ✓ Advanced Health worked with the SCREL Hub to collect and analyze data in support of the Hub's work. This includes the collection, compilation, and analysis of data to identify regional needs and performance.
- ✓ Advanced Health committed to supporting community ACE work with data and analysis support. This will involve compiling data from various sources to measure the impact of ACE work.
- ✓ Advanced Health Analytics Department began supporting the south coast's Prescription Drug Overdose (PDO) Prevention grant. Advanced Health has assisted in a social network analysis and establishing a baseline for evaluating performance.

10. Explain CCO attempts to compare local population data to CCO member data or state data. If data is not available, the CCO may choose to access qualitative data from special populations via focus groups, interviews, etc.

- ✓ Advanced Health is concurrently using CCO, local, and state data to establish a baseline for and evaluate performance of the PDO grant. Prescription Drug Monitoring Program (PDMP) provides state and county statistics for various opioid use, abuse, and overdose metrics. Advanced Health can then compare CCO performance against these statistics.

11. What challenges has the CCO encountered in accessing health disparities data?

- ✓ Advanced Health's challenge with health disparity data is one of credibility. Advanced Health, along with OHA, have analyzed CCO data to detect possible health disparities. In almost all cases, there is insufficient data to draw a conclusion. This is usually due to small populations of potentially disadvantaged groups. For example, Advanced Health can attempt to measure whether there is a difference in utilization of preventative care between whites and African Americans, but—because Advanced Health's African American population is so small—results are not statistically significant. Larger populations are required to distinguish systemic disparities from random chance.
- ✓ Advanced Health has a strong commitment to reducing health disparities despite the small numbers in some potentially disadvantaged groups. Advanced Health has tried to reduce potential barriers and biases, but they do not have robust data to monitor the results.

12. What successes or challenges has the CCO had in engaging populations experiencing health disparities?

- ✓ Advanced Health began conversations with community partners to develop a regional health equity coalition in Curry and Coos County. Advanced Health worker that attended the DELTA program will be attending the Regional Health Equity Coalition Spring Gathering, 2018, sponsored by OHA, to learn how other collations formed their structure and how they set community priorities. 2018-2019 Goal: to identify community partners to seat a Regional Health Equity Coalition, develop their organizational structure, and strategic goals.
- ✓ Advanced Health, CAC members, and community partners developed a new CHA with the framework of the organizations' requirements and the Social Determinants of Health (SDoH). Building a framework of SDoH will provide a starting point to engage populations experiencing health disparities.
- ✓ Advanced Health has trained CAC members, staff, and community partners on Health Literacy

and will be offering a CLAS training and workshop in the fall of 2018. Health literacy and CLAS standards are important to engage individuals in their health, including the SDoH that may influence their health outcomes including but not inclusive of nutritious food, safe and decent housing, and education.

- ✓ Advanced Health offers an Active Living Program that provides free access for a gym membership and or a pool pass and or a membership to Take Off Pounds Sensibly (TOPS) for members.
- ✓ Advanced Health's Traditional Health Care Workers (THCW) provide case management services, reduce barriers to access to care and basic needs, assists with appeals or member complaints, provides resources to social services and integrated care, and oversees the Active Living Program in the community.

13. What successes or challenges has the CCO had in recruiting CAC members from populations experiencing health disparities?

- ✓ Representation on the CAC has also been secured for adults with lived experience of addiction. These individuals have received and become peer certified.

Alignment, Quality Improvement, Integration

14. Describe how local mental health services are provided in a comprehensive manner.

Note: this may not be in the CHP, but may be available via another local mental health authority (LMHA) plan document. The CCO does not need to submit relevant local mental health plan documents.

- ✓ CCH provides most of mental health services (outpatient procedures including counseling, family therapy, psychiatric services, skills training and case management) to residents of Curry County. CCH is also the delegated mental health provider for OHP members within the county under an agreement with Advanced Health, the local CCO.
- ✓ CCH provides a broad scope of behavioral health services, such as: Youth Services that consist of Wraparound; Early Assessments and Support Alliance (EASA); Skills Training; Parenting Education, and Addictions Services.
- ✓ Individual and family therapy, skills training and school-based tele-psychiatry is provided at the Brookings/Harbor School Based Health Clinic, and therapy services are provided at all schools in the other two school districts.
- ✓ Addiction services are provided to children ages 12-17 and include individual and group counseling.
- ✓ Adult services, including persons with severe and persistent mental illness, CCH provides 24/7 Crisis Assessment and Intervention Services; assertive Community Treatment; Individual, Family, and Group Psychotherapy; Mental Health and Addictions Promotion; Prevention Programs'; Outpatient Addiction Treatment including individual and group counseling; Case Management; Supported Employment; Supportive Housing; psychiatric Assessment and Medication Management; Jail Services including individual counselling and groups addressing anger management, emotion regulation and addiction, and Thinking for a Change.
- ✓ Addictions Treatment Programs include: resources & referral; assessment & evaluation; individual & group therapy; education; consultation; residential placement; coordination of services, and family counseling.
- ✓ Addiction Programs include: alcohol and other drugs; problem gambling; anger management; domestic violence; victims of domestic violence; recovery skills groups; Post Traumatic Stress

Disorder (PTSD)/Substance abuse groups; relapse prevention, LGBT and addiction, and Seeking Safety.

- ✓ Crisis services are provided seven days per week, 24 hours per day. The services include a crisis phone service 24/7, clinic access during normal business hours, emergency department (ED), and mobile crisis by a multi-disciplinary team of trained therapists and case managers.
- ✓ Adults with Serious Mental Illness (SMI) receive series coordinated by a case manager including medication management, supportive therapy, crisis services, acute and sub-acute placement services, supported employment, skills training, housing and peer support.
- ✓ CCH has a Community Center that is peer run and includes many offerings and events open to the general public. The goal of this program is to help individuals with a mental illness and addiction support each other in their journey towards recover, learn Activities of Daily Living (ADL) and create a safe space for individuals struggling with mental illness to drop in and seek support.
- ✓ Psychiatric services are provided to children, youth, and adults, including medication management for individuals with co-occurring disorders referred by the Developmental Disabilities and Alcohol & Drug programs in the county.
- ✓ Additional services include Dialectical Behavioral Therapy, Eye Movement Desensitization & Reprocessing (EMDR) for trauma therapy, Cognitive Behavioral Therapy, Collaborative Problem Solving, Motivational Interviewing, Solution Focused Brief Therapy, Strengths Based Case Management, and Trauma-Focused Cognitive Behavioral Therapy.
- ✓ Mental Health Youth Services include: providing services to children and their families in the three school districts in Curry County – Brookings/Harbor, Gold Beach, and Port Orford. Tele-psychiatry is offered at the SBHC at Brookings/Harbor Highschool.
- ✓ CCH works with Child Welfare and community partners, through the FEARsome clinic to ensure all children receive a Child & Adolescent Needs & Strengths (CANS) and assessment.
- ✓ CCH provides local In-Home Safety Reunification Services for the Curry Child Welfare office to assist in preventing removal of children from the home or to ensure safety when a child is returned to his or her home.
- ✓ Other programs offered for youth include EASA, Applied behavioral Analysis (ABA), and Wraparound.
- ✓ Community promotion for youth include Youth Mental Health First Aid (MHFA) and Love and Logic parenting classes.
- ✓ CCH also offers supported employment, rental assistance, jail-based services, mental health promotion, and has an oversight role for Bell Cove, a treatment home developed by Columbia Care for individuals under the jurisdiction of the Psychiatric Security Review Board.
- ✓ In addition, CCH is taking the first steps to adopt the Wellness Recovery Action Plan (WRAP) evidence-based model designed Mary Ellen Copeland.

15. If applicable, describe how the CHP work aligns with work through the Transformation and Quality Strategy (TQS) and/or Performance Improvement Projects (PIPs)?

- ✓ Advanced Health’s Performance Improvement Project – Improving perinatal & maternity care aligns with the CHIP Lifestyle subcommittee’s initiative of the implementation of OKQ.
- ✓ The CHIP Lifestyle subcommittee’s initiative of the implementation of the OKQ aligns with Advanced Health’s quality incentive measure of effective contraceptive use among women at risk for unintended pregnancy.

- ✓ The CHIP Prevention Subcommittee’s initiative aligns with Advanced Health quality incentive measure of cigarette smoking prevalence.

16. OHA recognizes that the unique context of each CCO region means there is a continuum of potential collaboration with local public health authorities (LPHAs) and hospital systems on the CHA and CHP. Please choose the option that best applies to your CCO:

- CCO’s CHA/CHP is a shared CHA/CHP with LPHAs and/or hospital systems. Note which organizations share the CHA/CHP:
 - LPHA(s): [Click or tap here to enter text.](#)
 - Hospital(s): [Click or tap here to enter text.](#)
- CCO’s CHA is a shared CHA with LPHAs and/or hospital systems, but the CCO has a unique CHP. Note which organizations share the CHA:
 - LPHA(s): CCH
 - Hospital(s): [Click or tap here to enter text.](#)
- CCO’s CHP is a shared CHP with LPHAs and/or hospital systems, but the CCO has a unique CHA. Note which organizations share the CHP:
 - LPHA(s): [Click or tap here to enter text.](#)
 - Hospital(s): [Click or tap here to enter text.](#)
- CCO’s CHA/CHP is a unique CHA/CHP from LPHAs and/or hospital systems, but the CCO collaborated with LPHAs and/or hospital systems in their development. Note which organizations the CCO collaborated with:
 - LPHA(s): [Click or tap here to enter text.](#)
 - Hospital(s): [Click or tap here to enter text.](#)
- Other (please describe): [Click or tap here to enter text.](#)

17. If applicable, check which of the State Health Improvement Plan

(<http://Healthoregon.org/ship>) priorities listed below are also addressed in the CHP.

- Tobacco*
- Obesity*
- Oral health*
- Alcohol and substance use*
- Suicide*
- Immunizations*
- Communicable diseases*

18. Describe how the CHP work aligns with Oregon’s population health priorities included in the State Health Improvement Plan:

The CHIP shares several priorities with the SHIP as described below.

- ✓ Slow the increase of obesity – The CHIP Life subcommittee is supports the work of partner organizations to teach youth/students how to grow, harvest and prepare food from gardens. The subcommittee also help fund summer programming activities for youth in Curry County.

- ✓ Prevent deaths from suicide – The CHIP Suicide Prevention subcommittee works with the schools to bring awareness to students and teachers about the crisis text line 741741 and the signs associated with suicide ideation.
- ✓ Local and state policy focusing on tobacco prevention.

19. If applicable, describe how the CCO has leveraged resources to improve population health.

- ✓ Advanced Health financially contributed to the direct work of the CHIP, most elements of which focus on the entire population.
- ✓ Advanced Health was/is the administrative arm for the ACE Master Trainer program and SHCI initiative.
- ✓ Advanced Health in partnership with the SCREL and Pathways to Positive Parenting hosted Children First for Oregon for a Community Conversation in November 2017.
- ✓ Advanced Health financially sponsored the 2nd Annual CAC Retreat in November 2017 with a focus on social determinants of health and equities, health improvement processes, building skills to use data and evaluate proposals and outcomes.
- ✓ Advanced Health began writing and publishing a series of Expert Articles for the local newspaper, Curry Coastal Pilot, that focuses on health and active living.
- ✓ Advanced Health financially sponsored and participated in a Health Literacy Training and workshop in October 2017.
- ✓ Advanced Health sponsored Donna M. Beegle, Breaking the Iron Cage of Poverty presentation in September 2017.
- ✓ Advanced Health is part of the Southern Oregon Opioid Media Campaign, Stay Safe Oregon. The media campaign includes a development of the Stay Safe Oregon website, media spots for television on use of naloxone, safe medication storage, and managing pain.
- ✓ Advanced Health also received the PDO grant from OHA. The grant allowed Advanced Health to hire a PDO Coordinator to coordinate opioid reduction efforts in Curry and Coos Counties.
- ✓ Advanced Health continues to collaborate with the Southern Oregon CCO Opioid Performance Improvement Project to reduce high dose opioid prescribing.
- ✓ Advanced Health is in discussion with the Curry Housing Coalition to conduct a comprehensive Housing Assessment.
- ✓ Advanced Health provided lunch for in services for providers to learn about the OKQ, in addition provided prenatal care education information to be distributed to providers.
- ✓ Provided financial support for nutritional pamphlets for packets for pregnant women in Curry County.
- ✓ Advanced Health and CHN provided Basic Life Support (BLS) and Cardiopulmonary Resuscitation (CPR) classes for infant resuscitation.
- ✓ Advanced Health financially contributed to supply OASIS women’s shelter equipment for their kitchen.
- ✓ Advanced Health financially supported a Victims Advocate staff position at OASIS Shelter Home.
- ✓ Advanced Health provided financial support for math tutoring for children in foster care.
- ✓ Advanced Health financial supported CCH with funding for a youth alcohol prevention project.
- ✓ Advanced Health contributed to the Great American Smokeout and provided therapy lights for mental health clients at CCH.
- ✓ Advanced Health provided holiday boxes for OASIS and Curry Court Appointed Special Advocate (CASA) programs.

- ✓ Advanced Health supports a monthly Community Health & Wellness Initiative that includes promoting a health topic with an Expert Article from the CCO's Medical Director, wellness topics, and Healthy Eating Active Living articles in local newspapers, online, and on Pandora.

20. How else has the CHP work addressed integration of services?

- ✓ The Everybody Brush program (through Advantage Dental) is offered in schools that serve Children in grades 1, 2, 6, and 7, The program integrates dental screenings, fluoride varnish, sealants, dental kits, and oral hygiene in the schools and includes a referral to a dentist for urgent oral health care.
- ✓ SOCC will be offering their first THCW certified training program in May 2018. The course will be offered at the Coos Bay location with future classes at the Brookings campus. Expanding on the integration of THCW will help ensure the delivery of high quality care and increase the cultural and linguistic appropriate care to members to improve their health outcomes. Advanced Health will be offering scholarships for the course.
- ✓ Advanced Health has had conversations with SOCC to develop a peer support specialist certification process. Further work and discussion will happen in the summer of 2018.
- ✓ Not currently in the CHIP but supports integrated services and CHIP work regarding the PCPCH, CCHC is participating in an "Empathic Inquiry Learning Collaborative through Oregon Primary Care Association (OPCA) with the goal to enhance capacity for patient-centered social determinants of health screening at health centers by building and testing an approach that is deeply respectful of both patients and staff, facilitates partnership and engagement, and supports efforts to transform the health system and create better experience for care teams and patients" (www.ORPCA.org).

Appendix B: Acronyms

ABA – Applied Behavioral Analysis
ACE – Adverse Childhood Experiences
ADL – Activities of Daily Living
APD – Aging and People with Disabilities
ATOD – Alcohol Tobacco Other Drug Use
BCB – Bay Cities Brokerage
BLS - Basic Life Support
CAC – Community Advisory Council
CANS – Child and Adolescent Needs and Strengths
CASA – Court Appointed Special Advocate
CCH – Curry Community Health
CCHC – Coast Community Health Center
CCO – Coordinated Care Organization
CHA – Community Health Assessment
CHIP – Community Health Improvement Plan
CPR - Cardiopulmonary Resuscitation
EASA – Early Assessment and Support Alliance
ED – Emergency Department
EMDR – Eye Movement Desensitization & Reprocessing
LGBT – Lesbian, Gay, Bisexual, Transgender
LMHA – Local Mental Health Authority
MHFA – Mental Health First Aid
NEMT - Non-Emergent Medical Transportation
OAR – Oregon Administrative Rules
OHP – Oregon Health Plan
OKQ – One Key Question®
OPCA – Oregon Primary Care Association
PDO – Prescription Drug Overdose
PDMP - Prescription Drug Monitoring Program
PTSD – Post Traumatic Stress Disorder
SBHC – School Based Health Center
SBHS – School Based Health Services
SCREL – South Coast Regional Early Learning Hub
SFP – Strengthening Families Program
SHCI – Self Healing Communities Initiative
SMI – Serious Mental Illness
SOCC – Southwestern Oregon Community College
TBH – To Be Healthy
THCW – Traditional Health Care Worker
TOPS – Take Off Pounds Sensibly
TPEP - Tobacco Prevention Education Program Coordinator
WOAH – Western Oregon Advanced Health
YAC – Youth Advisory Council

Appendix C: Curry County Community Advisory Council Charter



Curry Community Advisory Council Charter

Title:	Advanced Health Curry Community Advisory Council (CAC)
Date Chartered:	February 2015
Time Line:	Standing Committee
Meeting Frequency:	The Advanced Health Curry CAC holds monthly meetings of the full committee. Standing sub-committees or ad hoc work groups meet as directed.
Sponsor	Advanced Health Governing Board
Purpose:	<p>The Curry CAC exists to provide advice and recommendations to Advanced Health and its governing body regarding strategies to achieve the Triple Aim goals of better health, better care and lower costs.</p> <p>The Curry CAC provides an essential link to consumers and the community at large to aid Advanced Health in engaging its members and the community towards health care transformation.</p>
Duties	<p>The duties of the council include but are not limited to:</p> <ol style="list-style-type: none"> 1. Identifying and advocating for preventive care practices to be utilized by the coordinated care organization; 2. Overseeing a community health assessment and adopting a community health improvement plan to serve as a strategic population health and health care system service plan for the community served by the coordinated care organization; and 3. Annually publishing a report on the progress of the community health improvement plan. 4. Offering feedback and assisting Advanced Health with special projects as requested.
Membership	<p>The CAC shall have a maximum of 15 and minimum of 9 members representing a broad spectrum of served individuals and their families, health providers and partner organizations, and other key community representation.</p> <p>The CAC will be appointed in accordance with ORS 414.627 and will include representatives of the Curry County community and of county government services. Council members are considered advisors and advocates, not volunteers, as the Fair Labor Standards Act states that an individual cannot volunteer services to a private,</p>

for-profit, company (October 2017).

Consumer representatives must constitute the majority of the membership. For the purposes of this charter, a consumer is defined as an individual enrolled in Advanced Health, parent of child(ren) enrolled in Advanced Health, or personal representative of someone enrolled in Advanced Health. To the greatest extent possible this group will include representatives for children, older adults, people with disabilities and chronic conditions, individuals with mental health/ addictions needs, people with developmental disabilities.

Additionally, to the greatest extent possible, membership should reflect representation of

1. The healthcare provider community (for example a physician, nurse, dentist, physical or occupational therapist and others).
2. A social services agency or their affiliate including Department of Human Services, hospice, local school districts, vocational rehabilitation.
3. County Public Health services.
4. Publicly funded mental health or substance use treatment.
5. County Commissioner.
6. One representative from the Advanced Health Governance Board.
7. General community members.

In considering membership, the CAC will also give weight to ensuring diversity of membership with specific emphasis on those who experience health disparities. These may include:

1. Geographic considerations: the CAC needs to understand the unique challenges and needs of those living in more remote locations
2. Cultural/ ethnic diversity: to understand the prospective and needs of our Native American, Hispanic and other minority communities.
3. Other diversity in order to best meet the mission of the CAC; e.g. veteran status, sexuality, etc.

Terms:

- Each membership appointment is for three years. Appointments for members can be renewed for those in good standing.
- The Chair and Vice-Chair positions serve both the CAC and CHIP Steering Committee
- The Chair and Vice-Chair appointments are for one calendar year
- Consumer members who become ineligible on the Advanced Health plan may continue to serve on the CAC as a consumer, receiving the stipend from Advanced Health, until the end of the calendar quarter (March 31, June 30, September 30, and December 31). At the end of the quarter, the consumer is no longer able to remain a voting consumer member; however, is eligible to be

nominated to apply as a community member (if there are openings on the CAC).

Recruitment: Non-consumer members to the CAC will be selected by a Nominating Committee convened as necessary to fill a vacancy, anticipated vacancy or to add to the overall membership. The Nominating Committee shall be appointed by the Chair and consist of 3 to 5 CAC members. This committee is to make nominations for all officers and non-consumer members, with the consent of those nominated.

Due to the need to maximize consumer participation in the CAC, nomination and appointment of consumer members will be managed in a flexible, accommodating manner. In addition to the process outlined for non-consumer members, consumer membership may also be initiated as follows:

1. Consumers will be invited to participate in the CAC in the capacity of a guest.
2. Consumer guests who attend 1-3 CAC meetings may be asked about their interest in joining the CAC as a member.
3. Those expressing interest in joining are eligible to be nominated to the CAC.

Appointments of CAC members will be forwarded to the CAC for final approval.

Consumer members are eligible to be paid a stipend for each CAC meeting they attend. The amount of the stipend is determined by Advanced Health and is a set amount for each consumer member. Stipends for childcare are also available.

Transportation to and from the CAC meetings is provided to consumer CAC members by Bay Cities Brokerage (BCB) and paid for by Advanced Health. If the consumer member chooses not to accept the ride from BCB, they can apply for mileage reimbursement through BCB and are held to BCB's requirements, such as obtaining prior authorization and submitting the required documentation. The mileage reimbursement rate is subject to Oregon Administrative Rule. Advancement of mileage reimbursement is not allowed for CAC and CHIP meeting attendance.

Each CAC member is a voting member and has the right to appoint someone else to vote for them in their absence. To appoint a proxy, the CAC member must complete the Appointment of Voting Proxy form prior to the vote being cast. The Appointment of Voting Proxy form must be completed for each specific instance of proxy voting.

If a CAC member misses 3 or more consecutive meetings, the CAC Coordinator, or designee, will attempt to reach them two times to inquire as to whether the CAC member would like to continue to serve on the CAC. If the CAC member does not respond to the CAC Coordinator, or designee, then the issue must be brought to the CAC Chairperson who may bring the issue to the CAC meeting for discussion and possible termination of the CAC membership for that individual. If the CAC member responds with a reason for their absence and indicates that they would like to continue serving on the CAC, then the CAC Coordinator, or designee, should report that information to the CAC Chairperson.

Operating Principles:	<p>The meetings of the CAC shall be open to the public. Public participation at meetings may be confined to the Public Comment section of the meeting. Individual comments may be limited to 3-5 minutes to accommodate more of the public.</p> <p>Roberts' Rules of Order, Revised (10th edition), shall be the parliamentary guidelines for all matters of procedure not specifically covered by these By-Laws.</p> <p>Fifty-one percent (51%) shall constitute a quorum.</p> <p>The CAC shall strive to create a safe and comfortable atmosphere for individuals to share their experiences, opinions and ideas regarding the delivery of health services and related issues involving Advanced Health, contracted health providers and partner organizations.</p> <p>Individual members must strive to act in a respectful manner to each other, maintaining focus on the CAC's primary objectives and allowing all to participate. As necessary, individuals may be reminded of these guidelines.</p> <p>In order to meet its main objectives, the CAC is generally not able to resolve individual issues regarding the Health Plan, specific providers or services but instead will attend to the larger systemic issues that may be exemplified by the specific example. The resolution of the individual concern will be referred to Advanced Health's customer service representatives.</p> <p>The CAC is responsible for reporting to the Advanced Health Board at least quarterly. The report can be done in-person by an appointed CAC member, or CCO staff member, or provided in written format.</p>
Meeting Frequency:	Monthly
Review Charter:	Yearly
Date(s) Revised:	1/21/2016, 3/16/2017, 2/15/18
Related Documents:	Community Health Improvement Plan (CHIP) Charter