



2017-2018

Coos County Community Health Improvement Plan

2017-2018 PROGRESS REPORT

JUNE 25, 2018

Table of Contents

Introduction	2
Timeline.....	3
Committee Membership.....	5
Report on Activities.....	6
Priority 1: Access to Healthcare	6
Goal 1: Increase access to care providers.....	6
Priority 2: Chronic Disease Prevention/Healthy Lifestyles	8
Goal 1: Decrease tobacco initiation and use	8
Goal 2: Healthy Eating and Active Living (HEAL): Healthy Bytes Initiative (HBI)	9
Priority 3: Mental Health	10
Goal 1: Prevent suicides.....	10
Goal 2: Increase awareness of Adverse Childhood Experiences (ACEs)	11
Priority 4: Maternal and Child Health	15
Goal 1: Increase the timeliness of prenatal care	15
Priorities for the Coming Year:.....	17
Appendix A: 2018 CHIP Progress Report Questions from Oregon Health Authority (OHA).....	18
Key Players in Child and Adolescent Health.....	18
Health Priorities and Activities in Child and Adolescent Health	19
Health Disparities.....	21
Alignment, Quality Improvement, Integration	23
Appendix B: Acronyms	28
Appendix C: Coos County Community Advisory Council Charter	29
Coos Community Advisory Council Charter	29

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 Coos and Curry 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 Coos County, including: Coos Health & Wellness (CHW), Adapt, Advantage Dental, Kairos, Bay Cities Brokerage, two Federally Qualified Health Centers (FQHC) [Coast Community Health Center (CCHC) and Waterfall Community Health Center (WCHC)], Coquille Indian Tribe Community Health Center, North Bend Medical Center (NBMC), Bay Clinic, Bay Area Hospital, Coquille Valley Hospital, Southern Coos Hospital & Health Center, South Coast Head Start, Oregon Coast Community Action (ORCCA), South Coast Regional Early Learning Hub (SCREL), Oregon Department of Human Services (DHS), and many other health care and social service agencies to provide high quality care and service to the members.

Many of these healthcare providers and service agencies participate with Advanced Health on Community Health Improvement Plan (CHIP) activities.

The 2017-2018 CHIP initiatives include a focus on:

1. Access to Care
2. Healthy Eating/Active Living (priority area: Chronic Disease Prevention/Healthy Lifestyles)
3. Prenatal Care (priority area: Maternal and Child Health)
4. Suicide Prevention (priority area: Mental Health)
5. Commercial Tobacco Prevention (priority area: Chronic Disease Prevention/Healthy Lifestyles)

This document is intended to report progress on the goals of the Coos County CHIPs. The accomplishments outlined in this report was contributed by the CHIP subcommittee members, Community Advisory Council (CAC) 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 to March 2018.

The report includes the following:

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

Timeline

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

October 2012: At the WOAHCAC Subcommittee on Assessment meeting, the requirements for a CHA and CHIP were reviewed. The group began drafting a plan for a collaborative community health improvement process.

January 2013: Recruiting for CHA subcommittee members began.

March-May 2013: Data collection for the CHA was conducted, including monthly meetings to collect input from committee members on resources and needs. At the conclusion of data collection, the group discussed the CHA findings and identified eight priority areas for the CHIP to address.

June-August 2013: The CHA document was written and revised by the Coos County Public Health Administrator. In July, the Subcommittee on Assessment began working on the CHIP based on the eight identified priority areas.

September 2013: The CHA was finalized.

October 2013: The CHIP was presented to the WOAHCAC and accepted.

November 2013: The CHIP was submitted to the WOAHCAC Board and approved.

January 2014: Recruitment for the CHIP Steering Committee began.

February-June 2014: The first CHIP Steering Committee meeting was held in February. Over the next four months, the Steering Committee identified several issues with the original CHIP document. These included the CHIP being too expansive, the objectives being too broad, and partnering agencies lacking adequate accountability measures for their assigned objectives.

July 2014: Eight subcommittees of the CHIP Steering Committee were formed based on the eight priority areas.

August 2014-March 2015: CHIP revision was planned and written by the Steering Committee. Implementation of some CHIP activities from the previous edition was undertaken.

March 2015-March 2016: Five subcommittees of the CHIP were formed based on four priority areas and five goals – one subcommittee per goal: Access to Healthcare; Chronic Disease Prevention/Healthy Lifestyles; Mental Health; Maternal and Child Health; and Commercial Tobacco Prevention.

April 2016- April 2017: Five subcommittees of the CHIP continued their work on four priority areas and five goals: Access to Healthcare; Healthy Eating/Active Living (HEAL); Prenatal Care; Suicide Prevention; Commercial Tobacco Prevention.

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 Coos County. Partners included: Advantage Dental, CCHC, Coquille Valley Hospital, WCHC (including school-based health centers), Advanced Health CAC members, SCREL, Coos County Friends of Public Health, Department of Human Services, Oregon Coast Community Action, South Coast Head Start, Bay Area Hospital, Southern Coos Hospital and Health Center, CHW, and Coquille Indian Tribe Community Health Center.

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 Coos 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 was completed in April 2018. 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 Steering Committee to serve as a strategic population health and health care system plan for the community. The CAC will review and approve the new CHIP by February 2019.

Committee Membership

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.

211info	Dr. Tom Holt Family Dentistry
Advanced Health	Faith Lutheran
Advanced Health Community Advisory Council	Natural Grocers
Advantage Dental	New Community Coalition
Aging and People with Disabilities	North Bend Medical Center
Bailey’s Health Food Center	North Bend Police Department
Bandon School District	North Bend School District
Bay Area Hospital	Oregon Coast Community Action
Bay Cities Brokerage	Oregon Department Human Services: Self Sufficiency/Child Welfare
Bay Clinic	Oregon Health & Science University Rural Health Campus
City of North Bend	Oregon Health Authority
Coast Community Health Center	Oregon State University Extension Service
Community members	Rogue Valley Transit District – Translink
Coos Bay Farmers’ Market	Senior and Disability Services
Coos Bay-North Bend Chamber of Commerce	Sizzler
Coos Bay Police Department	South Coast Education Service District
Coos Bay School District	South Coast Regional Early Learning Hub
Coos County Area Transit	Southwestern Oregon Community College
Coos County Commissioners	Sunshine Chiropractic
Coos County Friends of Public Health	Tin Thistle
Coos Health & Wellness	Veterans Administration
Coos History Museum	Waterfall Community Health Center
Coquille Indian Tribe Community Health Center	Youth Era
Coquille Valley Hospital	
Day By Day Fitness	

Report on Activities

Priority 1: Access to Healthcare

Goal 1: Increase access to care providers

Objective 1: Continue the Learning Collaborative for Patient Centered Primary Care Home (PCPCH) programs that supports and assists medical clinics in Coos County in their recertification processes.

Outcome Indicators:

- 75% of eligible medical clinics (who serve 80% of people in Coos County) meet PCPCH Standards and obtain 2017 recognition.
- At minimum, 65% of Advanced Health members assigned to PCPCH provider (2018 incentive measure).

Data Source: County Health Rankings

Strategy	Progress: April 2018
Form a Learning Collaboration	Invite participation from all current PCPCH clinics (NBMC, Bay Clinic, WCHC, CCHC), January 2017. Build out matrix using PCPCH standards for assessment of each PCPCH provider, February 2017. Meet regularly with key individuals to work through PCPCH standards. Met 2x/month throughout 2017. Access professional resources and provide training when necessary, Completed – Ongoing 2018.
Provide Targeted Support to each clinic to help achieve 2017 recognition goals	Individual Clinic Sessions Completed – Ongoing 2018.
Ensure that Learning Collaborative Leaders receive ongoing education re: PCPCH	Invest in training Learning Collaborative Facilitators, Completed, February 2018.
Expand Learning Collaborative capabilities	Develop and share tools, as need – Ongoing. Develop Mock Audit Capability (tools, participants), Completed, November 2017. Support the development of innovative monitoring processes with each clinic, Target Date: December 2018.

Engage Clinic Leadership by holding Recognition Event

1. Apply for and obtain 2017 CHIP grant.
 2. Invite Clinic Leaders, PCPCH teams, OHA PCPCH program leader, Advanced Health leadership.
 3. Goals of Event:
 - Recognize Clinics
 - Show volume of work done (posters, binders)
 - Engage Leadership
 - Learn about trends in rural areas
 - Learn how PCPCH impacts Access to Health Care
 - Networking
 - Learning Collaborative Awareness
- Completed, March 31, 2018

PCPCH Clinic Tier Achievement and Goals

Entity	City	Previous Tier	Current Tier	Goal
North Bend Medical Center	Coos Bay	3	4	5 Star
North Bend Medical Center	Bandon, Myrtle Point, Coquille	3	3	4
Bay Clinic	Coos Bay	3	4	5 Star
Waterfall Community Health Center	North Bend	3	3	4
Coast Community Health Center	Bandon	3	4	5 Star
Coquille Indian Tribe Community Health Center	Coos Bay			3

Priority 2: Chronic Disease Prevention/Healthy Lifestyles

Goal 1: Decrease tobacco initiation and use

Objective 1: By 2020, increase the percentage of youth non-smokers from 85.8% (11th grade) to 100%

Data Source: 2014 State of Oregon Student Wellness Survey;ⁱ 2013 Oregon Healthy Teens Surveyⁱⁱ

Priority 2: Chronic Disease Prevention/Healthy Lifestyles: Goal 1: Commercial Tobacco Prevention.

Strategy	Progress: April 2018
Quitting Tobacco Resource Brochures	<p>The committee developed a brochure that includes local information on smoking cessation classes and other cessation resources that can be accessed by phone and by computer. The committee printed 2,500 brochures to be distributed in the community. Currently brochures have gone out to 21 dental offices across Coos County. 300 brochures have also gone out to the SOCC campus and another 600 brochures out in various community accessible sites.</p> <p>There are two goals for the brochure</p> <ol style="list-style-type: none">1. To provide a comprehensive guide for smoking cessation for the community. This brochure can be handed out at multiple locations to achieve that goal.2. To offer a resource for dental service providers who desire to assist their patient in efforts to quit tobacco.
NOT Training from the American Lung Association	<p>NOT is a nationally-evaluated, evidence-based, youth smoking cessation program.</p> <p>Smoking cessation is different for the 14 to 19-year-old age.</p> <p>The American Lung Association provided the NOT facilitator training for the 7 attendees. Southern Coos Hospital provided space for the training.</p> <p>The community now, has, local individuals who are trained to provide age specific cessation techniques.</p>
2017 Recap	<p>A community readiness assessment was conducted for the prevention of youth tobacco use and the communities' awareness. 33 Interviews were conducted with key leaders in the community.</p> <p>By using the Community Readiness Assessment (CRA) model the committee found that the community was at a Stage 2, meaning the denial and resistance stage. During the interviews it was apparent that most believed that youth (ages 12 to 17) tobacco use was not a concern and they did not support using valuable resources to address the issue.</p>

Goal 2: Healthy Eating and Active Living (HEAL): Healthy Bytes Initiative (HBI)

Strategy	Progress: April 2018
Determine if community partners were interested in a Healthy Bytes Initiative	Survey sent in June 2017.
Healthy Bytes Proposal and Timeline	Created a partner proposal page and timeline for Healthy Bytes.
Webpage established to house Healthy Bytes content	Monthly content available on webpage for increased outreach to community and partners.
Enlisted Oregon Health Sciences University (OHSU) Office of Rural Health campus to handle partner evaluations	Completed, July 2017.
Finalized Food of the Month Schedule	Completed, August 2017.
Secured administrative support	Completed, September 2017.
Healthy Bytes Rollout	Started with 10 official partners and three sponsors, October 2017.
3-month Check in	21 official partnering agencies participating in the program, December 2017.
Print funds secured	CHIP mini grant funds were secured for current and new partners to have print costs covered for the 1 st quarter of 2018, January 2018.
Healthy Eating Active Living Facebook page created	Created Facebook page to share information about the Healthy Bytes initiative.
OHSU Presentation	Students presented their fourth month data collection results. Data points include: organization wellness programs; components of a successful wellness program; barriers to having a wellness program.
People at noon	HEAL member was interviewed by television's People at Noon, March 2018.
Newspaper article feature	The World (Coos Bay newspaper) interviewed the HEAL Chair about the Healthy Bytes initiative, March 2018.
Print funds secured	HEAL Community used CHIP mini grant to subsidize enrolled agencies that were accessing OSU for print materials, April 2018.
Newspaper article feature	The World THRIVE Edition featured the Broccoli article and FoodHero.org recipe. Healthy food articles and recipes will be featured in The World THRIVE on a monthly basis.

Resources to further the development of the HEAL Committee's initiatives

Strategy	Progress: April 2018
Two committee members will work with an applicant on the VISTA application to provide support for the work of the HEAL Committee	Having a VISTA may give the committee the opportunity to have someone dedicated to marketing and communication which would help with HBI enrollment, events and working on new projects like Walk With Ease.

Priority 3: Mental Health

Goal 1: Prevent suicides

Objective 1: By 2020, decrease the number of suicides from 29.7 suicide deaths per 100,000 people to 10.2 deaths per 100,000 people (Healthy People 2020)

Outcome Indicators:

- Youth Move project implemented
- Suicide resources publicized
- Mental Health First Aid trainings conducted
- Youth Suicide Reporting and Response implemented
- McCullough Bridge Prevention intervention implemented

Strategy	Progress: April 2018
McCullough Bridge Suicide Prevention Project	Phone Boxes and bridge signs approved by Oregon Department of Transportation (ODOT) and the Historical Society. Bracket development by a fabricator, to secure the phone boxes on the bridge, in progress – fall 2018.
ACE Initiative	Committee member joined the ACE Steering and Metric Committee. Offered and held an ACE Training to all CAC and CHIP committee members.
Suicide Awareness Campaign	Delivered Suicide Safe flyers to medical providers.
Out of the Darkness Walk – raise awareness: 2nd leading cause of death of ages 10-34 and 4th for ages 35-54. There were 16 local suicides in 2017 The percentage of medical and mental health issues are higher in Coos County than state levels. The number of people experiencing homelessness, disabilities, low-income households, and Veterans are also higher in Coos County than in the state	Secured an agreement through the American Foundation for Suicide Prevention. 1 st annual Coos County Out of the Darkness Walk will be held on September 8, 2018 at Ferry Road Park. Appointed a chair and co-chair for the walk activities. Discussed marketing strategies: Facebook; web site; school announcements; flyers around town; newspaper and local TV Public Service Announcement (PSAs). Began developing a sponsorship and donation list, March 2018.
Mental Health First Aid Training	CHW and the School Bay School District has a mental

	health school therapist doing Mental Health First Aid Training.
Youth Suicide Reporting and Response (YSRR)	Facilitated meetings to establish a local communication protocol to respond to youth suicides and implement Senate Bill (SB) 561. Notified OHA when local protocol is completed. Implemented the YSRR.
211 info	Local resources for suicide prevention are underrepresented in 211 info databases. Contacts have been made to update the information, February 2018.
Recruit New Subcommittee Members	Recruited a Veteran and an adult that lost a loved one through suicide to the committee, February 2018.

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

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

Outcome Indicators:

- 12 individuals (8 from Coos, and 4 from Curry 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 Coos County by December 2017.
- By December 2018 Advanced Health will contract with ACE Interface for their SHCI (SHCI) [components of: Development and support of a Steering Committee, Metrics Committee, Key Informant Interviews, and the Guiding NEAR (Neuroscience, Epigenetics, Adverse Childhood Experiences, Resilience) workshop].

The CHIP subcommittee has updated the work plan for 2017-2018 to include Adverse Childhood Experiences (ACE) trainings and the Self Healing Communities Initiative (SHCI). The plan is to have a CHIP subcommittee member on the South Coast 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
Adverse Childhood Experiences (ACE) trainings	Twelve people (8 from Coos, 4 from Curry) 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 Community 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 Community Advisory Council, 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 Community 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

	<p>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.</p> <p>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.</p>
ACE Interface: SCHI	<p>Western Oregon Advanced Health contracted with ACE Interface for their SHCI in December 2017.</p> <p>The Steering Committee and Metrics Committee were formed and meets on a monthly basis.</p> <p>The Steering Committee is developing a Strategic Plan with the goal of completion by July 2018.</p> <p>The Metric Committee is developing their primary and secondary data sources, identifying metrics to track over time to measure the outcomes.</p> <ul style="list-style-type: none"> ✓ 41 trainings have been completed year-to-date (YTD) 2018 ✓ 628 attendees have been trained ✓ 63.75 total training hours have been delivered <p>The Communication Committee has formed and will meet to discuss the development of a website, Facebook page, quarterly newsletter, and other media outlets.</p>
Key Informant Interviews	<p>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:</p> <ul style="list-style-type: none"> ○ “We make data informed decisions with community collaboration and I think the tides are beginning slowly to turn.”

- “One of the real positives I see is community leaders stepping up efforts on community engagement and looking at the opioid epidemic.”
- “I think the core of what is working is due to collaboration and partnerships, in a region that is so economically challenged.”
- “There is great willingness among service providers to collaborate and work together for children and families. Some are too over their own heads to have energy to collaborate, like public schools, who are just trying to hold it together.”
- “Understanding all segments of our economy have to work as one unit. Natural resources need to understand tourism, tourism needs to understand transportation – much more cooperative the last 6 years.”
- “Collaborations shifted to more consciousness – how do we do this together.”
- “Continued collaboration is going to be what will move anything forward in our town.”
- “I see a lot of organizations trying to work together. Organizations coming together to try and better our community as a whole.”
- “Sometimes we don’t agree, but having mutual respect, building trust. Dismantling the protectionism between programs. Grant funding is a big thing for nonprofits. If I learn about a new funding opportunity I share it. Whoever gets the funding will improve our community and it helps to build trust.”
- “The power hitters in our community who can make change are making it possible for people in the system to have a voice.”
- “Find solutions together and we help each other out that way.”
- “Everybody is coming to the table equally.”
- “We don’t know how we put all this together, but we’re looking at the problem through a different lens.”
- “They (Advanced Health) have been the most successful to get parents involved.”

Priority 4: Maternal and Child Health

Goal 1: Increase the timeliness of prenatal care

Objective 1: By 2020, increase the percent of women who receive prenatal care in the first trimester from 75.3% to 77.9% (Healthy People 2020).

Outcome Indicators:

- Identified pilot clinics have supported EHR procedures
- Pilot clinics implement One Key Question (OKQ)
- Evaluation of pilot clinics

Strategy	Progress: April 2018
Launch OKQ in pilot practices (6-month implementation process)	Expanded the implementation of OKQ at NBMC in Coos Bay as well as NBMC satellite clinics and the Immediate Care Clinic. The implementation started in June 2017. In May of 2017, 259 patients were screened with the OKQ. In December of 2017 1,762 patients were screened and 34 providers were on board with the screening. The implementation is on-going at NBMC. Coos Health & Wellness is rolling out the OKQ in July 2018 through various programs e.g. Nurse Home Visiting Program, WIC, Reproductive Health Clinic, and Mental Health services.
OKQ Booklet	The subcommittee applied for an Advanced Health mini grant to develop a community and evidence-based information booklet focused on prenatal care and contraception. The intent of the booklet is that it will be used by both patients and providers and will be organized around the options discussed around the OKQ. The booklet was developed based on the feedback provided by more than 100 individuals including providers and women of child bearing age. The booklet was designed by a professional graphic designer and reading level was closely monitored to ensure that the information provided could be used by both providers and patients. The subcommittee printed and distributed the booklet to community organizations and providers in the spring of 2018.

Objective 2: By 2020, promote oral exams and treatment for pregnant women in all OBGYN practices in Coos County (Strategic Plan for Oral Health in Oregon: 2014-2020).

Outcome Indicators:

- Raise Oral Health needs assessments for pregnant women receiving dental cleanings from 53% (OrOHC goals) to 65% in Coos County.**

Strategy	Progress: April 2018
Collect data on referral process and implementation progress.	Continued to work with Advantage Dental, Advanced Health's contracted Dental Care Organization (DCO) to ensure that the referred patients were being seen within the timeline set. In 2017, NBMC had a total of 78 referrals of pregnant women to the dentist and 48 of them were seen by a dentist in the established timeframe. The committee continues to work with dental providers on the referral system.

Priorities for the Coming Year:

Advanced Health, CAC OHP consumer members, CHIP Steering Committee, CHW, SCREL, Bay Area Hospital, Coquille Valley Hospital, WCHC, CCHC, ORCCA, and other community partners 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 was completed in April 2018. The CHA framework was 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: 2018 CHIP Progress Report Questions from Oregon Health Authority (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: Youth Era, previously known as Youth Move
- ☒ 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Optional comments: Other early learning programs: South Coast Family Harbor (SCFH) [relief nursery]. Advanced Health has begun working with the SCFH in 2018.

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

- ✓ The South Coast Early Learning Hub is an active participant on the CHA and ACEs committees.
- ✓ Advanced Health, SCREL and Pathways to Positive Parenting hosted "Children First for Oregon for a Community Conversation" in November 2017.
- ✓ SOCC is an active member of the ACE Steering and Metrics Committees.
- ✓ Education Service Districts (ESD) are an active member of the ACE Steering Committee.
- ✓ WCHC, which operates one school-based health clinics in Coos County participated on the CHA committee. In addition, their Chief Operating Officer is part of the CHIP PCPCH

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

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

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

- ✓ CCO did not work with a Youth Development Council, as there is no Youth Development Council in Coos County.

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, education, CCO, public health, mental, oral and medical practices, FQHC, 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
- ✓ Prenatal referral to dental office for oral health examination
- ✓ Youth Era, formally Youth Move
- ✓ Commercial Tobacco Prevention (Tobacco Prevention: Not on Tobacco Training)
- ✓ Youth Mental Health First Aid
- ✓ PCPCH Learning Collaborative
- ✓ Healthy Bytes Initiative (access to foods that support health eating patterns)
- ✓ 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 Coos and Curry County Schools.
- ✓ Several CCO staff, school district staff, CAC members and partner organization staff have attended ACEs trainings.
- ✓ 2017 the Oregon School Based Health Alliance hosted a regional conversation with Advanced Health, SBHC, and the LPHA to explore opportunities for partnership for youth-centered programming. Further conversation to continue in 2018.
- ✓ Advanced Health is partnering with the ARK Project (Mission: The ARK Project is a school-based program providing basic needs, crisis intervention and advocacy, and essential support services to homeless children and youth, ages 0-21, and their families throughout Coos County, Oregon) to bring The HEAL HACK program (curriculum-based program developed by FamilyCare Health that helps students understand the health care system) to students at Marshfield High School Life Skills class. The 21 students that are in process of completing module two, will complete a pre-and-post survey to determine if the students understand how to use the health care system. Marshfield High School will continue to teach this curriculum in School Year 2018-2019 as will Bandon Youth Center.

- ✓ CHW offers a “for Youth by Youth” program focusing on youth and young adults ages 14-24. Youth empowerment is the guiding principle of the program to empower youth to implement positive change in their own lives and the lives of others regarding alcohol and drug prevention and education programs.

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 Commercial Tobacco Prevention Subcommittee received funding to implement a “Not on Tobacco Training.”
- ✓ The CHIP HEAL Subcommittee received funds to begin a Healthy Bytes Initiative. Social Determinants of Health focus: Access to foods that support healthy eating patterns.
- ✓ The Prenatal Subcommittee received funding to develop and produce a Pregnancy Resource Manual.
- ✓ The CHIP Access Subcommittee held a PCPCH Recognition Celebration for the clinics that are participating in the PCPCH learning Collaborative. Christopher Carrera, MPA, Program Manager for PCPCH for OHA attended the celebration and congratulated the work of the clinics.

Through the Quality Incubator Fund:

- ✓ Advanced Health financially supported a local provider to train three behavioral health clinicians on smoking cessation techniques. The course is offered through the Mayo Clinic and each provider will be certified tobacco treatment specialists.
- ✓ 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.
- ✓ In addition, Advanced Health financially supported a project with a local practice to add mobile equipment for their providers and care team to allow more seamless integration of off-site scribes into their patient care workflow. Goal is to increase access to care and decrease provider burnout by streamlining documentation.

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 rotating between Coos Bay, Bandon, and 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. Each individual that receives a scholarship will work with Advanced Health on a CHIP, quality incentive measure, or other programs.
- ✓ Advanced Health continues to support CHW and Kairos in an evidence-based Children’s Wraparound Program, consistent with fidelity requirements.

- ✓ Advantage Dental, the oral health delegate of Advanced Health provides tooth brushes, floss and tooth paste to the Nancy Devereux Center (Resource Center that supports individuals that experience homelessness).
- ✓ Bay Area Hospital, Coos Bay accepts referrals from the Nancy Devereux Center to link up individuals to a dentist quickly.
- ✓ WCHC and CCHC provide an outreach worker at the Nancy Devereaux Center on alternating weeks to assist persons who are homeless to enroll in OHP services and connect them to local community resources.
- ✓ 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:

- ✓ Eight ACE Master Trainers were trained by ACE Interface to bring awareness of ACEs in the community. Of these eight, there is one trainer from each of the following partners: Coos Bay School District, North Bend School District, South Coast Education Service District (SCESD) and Regional Achievement Collaborative (RAC), Court Appointed Special Advocate (CASA), CHW, SOCC, and Advanced Health.
- ✓ The Coos Bay School District, North Bend School District, Powers School District, SCESD, DHS, School Bus Drivers, Faith groups, health care providers have been trained on ACEs.
- ✓ 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.
- ✓ WCHC operates school-based health centers on the campuses of Marshfield High School and Powers School District. Included in the services are telemedicine equipment used for mental and behavioral health services.
- ✓ CCHC has increased their Outreach/Enrollment specialist's activities to Bandon's Ocean Crest Elementary School and at Pacific High School, this is in addition to the Outreach/Enrollment Specialist in Bandon 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.
- ✓ North Bend and Coos Bay Public Schools Special Program Directors are active members of the Children's Wraparound and System of Care (SOC) program.
- ✓ 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.

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. We have 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 Coos & Curry County. The 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 coalitions 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 Worker (THCW) engages with members to identify and eliminate barriers to care, including answering questions and educating about benefits, prior authorizations and denials, advocating for and assisting members with appeals and member complaints, provides resources to social services and integrated care, and attends PCP appointments as requested to help members maneuver the health care system.
- ✓ One of Advanced Health's THCW is a member of the Wrap Around Committee for the Systems of Care program.

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

- ✓ Representation on the CAC has been secured for persons of Native American origin.
- ✓ Representation on the CAC has also been secured for adults with severe and persistent mental illness.
- ✓ Recruitment efforts in 2017 were successful in diversifying male representation and geographic location on the CAC.
- ✓ Representation on the CAC has been secured for persons that have lived experience with homelessness.

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.

- ✓ CHW and their sub-contractors provide the majority of mental health services (outpatient procedures including counseling, family therapy, psychiatric services, skills training and case management) to residents of Coos County. CHW is also the delegated mental health provider for OHP members within the county under an agreement with Advanced Health, the local CCO. CHW sub-contracts with local FQHC, area counselors, therapists, and psychiatric providers. Levels of care include: wraparound, intensive care coordination and day treatment services for

- ✓ youth and intensive case management, and assertive community treatment for adults.
- ✓ CHW offers a number of specialized services including forensic options such as mental health court, corrections/jail counseling, psychiatric security review board supervision including a Psychiatric Security Review Board (PSRB) residential facility. Peer services are available for all ages. Many supportive interventions are available for adults with serious mental illness including rep payee/ financial services, supportive/supported housing options, Personal Care Assistant (PCA) and 1915 i services, and Choice Model Coordination.
- ✓ CHW has linkages to state level facilities and residential care for both adults and youth.
- ✓ CHW offers 24/7 crisis services to the community. In addition, provide Civil Commitment and protective service interventions.
- ✓ CHW offers a mobile crisis response team that works closely with law enforcement and others, including Kairos that works with youth in crisis after hours.
- ✓ CHW operates a crisis resolution center as well as coordination of care with Behavioral Health Unit at BAH.
- ✓ CHW also offers school-based counseling in the majority of local school districts for youth and their families as well as a school-based clinic operated in part from CHW funding.
- ✓ Behavioral health consultants are now also operating out of many of the primary care offices including the major clinics and both FQHCs in the area.
- ✓ In addition, the CHW Behavioral Health Director is a representative on the Coos CAC and provides updates and answers questions regarding mental health services as applicable.
- ✓ The Health Promotions Director is the chair of the CHIP Suicide Prevention Committee
- ✓ The Director of CHW is an Advanced Health Board Member, CHIP Steering Committee Member and ACE Steering Committee Member.
- ✓ CHW offered a 40-hour Crisis Intervention Team (CIT) training to Coos Bay, North Bend, and Bandon Law enforcement and probation staff, spring 2018.
- ✓ CHW offers dental services for many patients receiving mental health care from their agency. Services include: dental screening, help with appointments, free dental supplies, etc.

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 Prenatal subcommittee's initiative of the implementation of OKQ.
- ✓ The CHIP Prenatal 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 Access Subcommittee's initiative of PCPCH Learning Collaborative aligns with the quality incentive measure of PCPCH enrollment.
- ✓ The CHIP Tobacco Subcommittee's initiative aligns with Advanced Health quality incentive measure of cigarette smoking prevalence.
- ✓ Advanced Health's Quality Incubator fund financially supported integrated behavioral health in pediatric and adult practices, which aligns with the PCPCH – Team-based model of care.

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): CHW
 - Hospital(s): Bay Area Hospital
- ☐ 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): Click or tap here to enter text.
 - 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.

- ✓ Prevent and reduce tobacco use – The CHIP Tobacco Prevention subcommittee is focusing on youth tobacco prevention.
- ✓ Slow the increase of obesity – The CHIP HEAL subcommittee is working on an initiative, Healthy Bytes that align with the state priority.
- ✓ Improve oral health - The CHIP Prenatal subcommittee has an initiative to refer pregnant women to a dentist for an oral health exam and cleaning.

- ✓ Prevent deaths from suicide – The CHIP Suicide Prevention subcommittee has initiatives that focus on awareness and preventing deaths from suicide for all ages of the population.

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, The World, 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 the first Inaugural Charleston Salmon Run/walk in October 2017.
- ✓ Advanced Health along with the Coos Hispanic Leadership Committee, South Coast Early Learning Hub, Oregon Coast Community Action, and CHW sponsored Cantinflas, in honor of National Hispanic Heritage Month, in September 2017.
- ✓ Advanced Health sponsored Donna M. Beegle, Breaking the Iron Cage of Poverty presentation in September 2017.
- ✓ Advanced Health co-sponsored a comprehensive Housing Assessment for Coos County in 2017-2018.
- ✓ 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 offers the Diabetes Empowerment Education Program (DEEP) to OHP members and community members.
- ✓ The Health Hack project aligns with the adolescent well- care visit quality incentive measures, emergency department utilization, childhood immunization status, and the Access CHIP Subcommittee for appropriate use of emergency department, urgent care, and primary care provider visits.
- ✓ Advanced Health donated to The Nancy Devereux Center to operate a Warming Center.
- ✓ Advanced Health donated to The Nancy Devereux Center to allow for an additional day of operations per week.
- ✓ 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.

In addition, Advanced Health workforce is committed to helping their local community and personally have done the following:

- ✓ Donated food to the ARK (Highschool youth program – food closet), 2017.
- ✓ Donated household items to three families that were transitioning into a home.
- ✓ Donated to the South Coast Family Harbor, clothing for children and families that receive services from the organization.
- ✓ Assisted an individual that was experiencing homelessness to find a home.

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

- ✓ Advanced Health, through its incubator fund, which supports the CHIP work by providing financial resources to provider clinics (physical, mental health, behavioral health, and oral health) to implement such programs as integration of behavioral health in a primary care setting (PCPCH initiative), and early entry into prenatal care with a referral to oral health. In addition, the Everybody Brush program (through Advantage Dental) is offered in schools that serves 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 Traditional Health Care Worker (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 certified peer support curriculum. Further work and discussion will happen in the summer of 2018.
- ✓ Advanced Health applied for technical assistance through the OHA Transformation Center to work with CHW on an integrated model of care. Phase two will be to engage other community providers in a conversation to develop a community approach to integration of services.
- ✓ 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

ACE- Adverse Childhood Experiences
APD – Aging and People with Disabilities
BRFSS – Behavioral Risk Factor Surveillance System
CCHC – Coast Community Health Center
CAC – Community Advisory Council
CAHPS - Consumer Assessment of Healthcare Providers and Systems
CCO – Coordinated Care Organization
CDC – Centers for Disease Control and Prevention
CHA – Community Health Assessment
CHC – Community Health Center
CHIP – Community Health Improvement Plan
CHW – Coos Health & Wellness (formerly Coos County Health & Human Services)
CIT – Crisis Intervention Team
CRA - Community Readiness Assessment
CTP - Commercial Tobacco Products
DCO – Dental Care Organization
DEEP – Diabetes Empowerment Education Program
DHS – Department of Human Services
FQHC – Federally Qualified Health Center
HEAL – Healthy Eating Active Living
HBI – Healthy Bytes Initiative
LMHA – Local Mental Health Authority
LPHA – Local Public Health Agency
NBMC – North Bend Medical Center

OAR – Oregon Administrative Rules
OBGYN – Obstetrician-Gynecologist
ODOT – Oregon Department of Transportation
OHA – Oregon Health Authority
OHP – Oregon Health Plan
OHSU - Oregon Health & Science University
OKQ – One Key Question®
OPCA – Oregon Primary Care Association
ORS – Oregon Revised Statute
OSU – Oregon State University
PCA – Personal Care Assistant
PCPCH – Patient Centered Primary Care Home
PDO – Prescription Drug Overdose
PDMP - Prescription Drug Monitoring Program
PSA – Public Service Announcement
PSRB - Psychiatric Security Review Board
SCESD – South Coast Education Service District
SCREL – South Coast Regional Early Learning Hub
SHCI – Self Healing Communities Initiative
SOC – System of Care
SOCC – Southwestern Oregon Community College
THCW – Traditional Health Care Worker
TOPS – Take Off Pounds Sensibly
VISTA – Volunteers in Service to America
WCHC – Waterfall Community Health Center
WIC – Women, Infants, and Children
YSRR – Youth Suicide Reporting and Response

Appendix C: Coos County Community Advisory Council Charter



Coos Community Advisory Council Charter

Title:	Advanced Health Coos County Community Advisory Council (CAC)
Date Chartered:	January 5, 2017, replaces by-laws dated 11/05/2013
Time Line:	Standing Committee
Meeting Frequency:	The Advanced Health Coos County CAC will hold monthly meetings of the full committee. Standing sub-committees or ad hoc work groups will meet as directed.
Sponsor	Advanced Health Governing Board
Purpose:	<p>The Coos County 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 Coos County 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; and3. 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 21 and minimum of 15 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 Coos County community and of county government services. Council members are considered advisors and advocates, not volunteers, as the Fair</p>

	<p>Labor Standards Act states that an individual cannot volunteer services to a private, for-profit, company (October 2017).</p> <p>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.</p> <p>Additionally, to the greatest extent possible, membership should reflect representation of</p> <ol style="list-style-type: none"> 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. <p>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:</p> <ol style="list-style-type: none"> 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. <p>Terms:</p> <ul style="list-style-type: none"> • Appointments can be one, two, or three years as indicated by the new member. Appointments for members can be renewed for those in good standing. • 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).
--	---

	<p>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.</p> <p>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:</p> <ol style="list-style-type: none"> 1. Consumers will be invited to participate in the CAC in the capacity of a guest. 2. Consumer guests who attend 2-3 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. <p>Appointments of CAC members will be forwarded to the CAC for final approval.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>If 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, 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.</p>
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 this Charter.</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 will strive to act in a most respectful manner regarding 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>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:	3/01/2018
Related Documents:	Community Health Improvement Plan (CHIP) Coalition Charter, Coos County Community Health Improvement Plan (CHIP) Steering Committee Charter

ⁱ https://oregon.pridesurveys.com/dl.php?pdf=Coos_Co_2014.pdf&type=county

ⁱⁱ http://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/Documents/2013/County/06_Coos_County.pdf