Western Oregon Advanced Health

Coos County Community Health Improvement Plan

2016-2017 Progress Report

May 30, 2017

Contents

Introduction

Western Oregon Advanced Health (WOAH) is a Coordinated Care Organization (CCO) that administers the Oregon Health Plan (OHP) to members in Coos and Curry Counties. WOAH currently has more than 20,000 members in these two counties. WOAH partners with most healthcare providers in the service area, Coos Health & Wellness, Curry Community Health, Adapt, Advantage Dental, Kairos, Translink, two Federally Qualified Health Centers (FQHC) [Coast Community Health Center and Waterfall Community Health Center], North Bend Medical Center (NBMC), Bay Clinic, local hospitals, 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 our members.

The 2016-2017 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 laid out in the 2016 Coos County Community Health Improvement Plan (CHIP). The accomplishments outlined below were contributed by the CHIP subcommittee members and community partners. WOAH Community Advisory Council (CAC) reviewed and approved this third annual report on the CHIP, which reflects activities performed from March 2016 to March 2017.

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: March 2016 – March 2017
    a. Progress on 2016 CHIP goals
4. Priorities for the coming year
5. Appendix A: 2017 CHIP Progress Report Questions from Oregon Health Authority (OHA)
6. Appendix B: Acronyms
7. Appendix C: Coos County Community Advisory Council

Timeline

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

October 2012: At the WOAH CAC 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 WOAH CAC and accepted.

November 2013: The CHIP was submitted to the WOAH 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 and Maternal and Child Health.

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; Prenatal Care; Suicide Prevention; Commercial Tobacco Prevention.

Committee Membership

Per Oregon Administrative Rules for CCOs – rule 410-141-3145, sections 1 and 2 – the committee has made targeted and successful efforts to partner with the Early Learning Council, local mental health authority, 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 2016 – 2017 CHIP work.

211info
ADAPT
Advantage Dental
Aging and People with Disabilities
ARK Project (At-Risk-Kids, previously: Maslow Project)
Bay Area Hospital
Bay Clinic
City of Coos Bay
City of Coquille
Coast Community Health Center
Community members
Connect! The boardwalks
Coos Bay Police Department
Coos Bay School District
Coos County Area Transit
Coos County Commissioners
Coos County Friends of Public Health
Coos Health & Wellness
Coquille Indian Tribe Community Health Center
Coquille Valley Hospital
Department of Human Services
Dr. Tom Holt Family Dentistry
Kairos
Nicotine Anonymous
North Bend Medical Center
North Bend Police Department
NotDiets, LLC
Oregon Coast Community Action
Oregon Health & Science University Rural Health Campus
Oregon Health Authority
Oregon State University Extension Service
Rogue Valley Transit District – Translink
Senior and Disability Services
South Coast Head Start
South Coast Hospice
South Coast Regional Early Learning Hub
Southwestern Oregon Community College
The Nancy Devereux Center
Veterans Administration
Waterfall Community Health Center
Western Oregon Advanced Health (WOAH)
WOAH Community Advisory Council
Women's Health Coalition
Youth Mentoring Project
Youth Move Oregon

Report on Activities

Priority 1: Access to Healthcare

Goal 1: Increase access to care providers

Objective 1: By June 2018 increase Consumer Assessment of Healthcare Providers and Systems (CAHPS) access measure scores from 2015 performance of 82.2% to 84.2%.

Outcome Indicators:

- 75% of eligible medical clinics (who serve 80% of people in Coos County) meet Patient Centered Primary Care Home (PCPCH) standards and obtain 2017 recognition at Tier III or higher.
- At a minimum, 60% of WOAH members are assigned to a PCPCH provider (2017 Incentive measure).

<table>
<tr><th>Strategy</th><th>Progress: March 2017</th></tr>
<tr><td>Form a learning collaborative by March 2017 for PCPCH programs that supports and assists medical clinics in Coos County in their recertification process.</td><td>Invited participants from all current PCPCH clinics (NBMC, Bay Clinic, Coast Community Health Center, Waterfall Community Health Center [WCHC]).</td></tr>
<tr><td></td><td>Discussed with each clinic what their current PCPCH level is and what they hope to achieve in the 2017 recognition.

<table><tr><th>Name of Clinic</th><th>Current Recognition Level</th><th>Target Recognition Level for 2017</th></tr><tr><td>Bay Clinic</td><td>3</td><td>5</td></tr><tr><td>Coast CHC</td><td>3</td><td>5</td></tr><tr><td>NBMC</td><td>3</td><td>4</td></tr><tr><td>WCHC</td><td>3</td><td>3</td></tr></table></td></tr>
<tr><td>Build tools to assist the clinics in the recognition program.</td><td>Set up a Go-to-Meeting account to allow participants to participate offsite, as needed.

Built a matrix using PCPCH standards for assessment of each PCPCH provider.

Met regularly with key individuals from each clinic to work through the PCPCH standards.

Accessed professional resources and provided professional training when necessary.</td></tr>
</table>

	Accessed tools to measure supply and demand, 3rd next available appointment, conduct secret shopper exercises, discussed open access scheduling.
Support education of providers and staff on evidence-based practices to ensure access to care, such as, but not limited to, culture of poverty, trauma-informed care agency standards, and adverse childhood experiences.	Recommended and planned events.

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 Survey[ii]

Strategy	Progress: March 2017
Conduct current secondary data collection on commercial tobacco products use and prevalence rates in youth and adults in Coos County and produce a report.	Identified and reviewed relevant data sources from the OHA Public Health Division and Knight Cancer Institute data from the Coos County assessment done in May 2016. Developed a report with relevant secondary data pertaining to Commercial Tobacco Products (CTP) use in Coos County. Will include trends over time with a focus on youth usage and consumption of CTP.
To conduct a review of evidence-based/ informed interventions related to commercial tobacco products use and initiation prevention for youth in rural areas.	Defined Evidenced-Based Intervention (EBI) resources to be used using the guidance from the "Putting Public Health Evidence in Action" training. Conducted the research. Presented the results in a report, emphasized ease of understanding and access for the lay person. Discussed and selected an intervention that best fits with, and can be easily adapted to Coos County.
To assess community readiness and willingness to support future tobacco-related policy work.	Researched the community readiness tool from Colorado University and Developed the survey tool. Went through the Institutional Review Board (IRB) process with Knight Cancer Institute team. Administered the survey. Analyzed and interpreted survey results. Summarized the findings and shared with participants and the community as a whole. Used findings to help select most appropriate EBI for Coos County.

Goal 2: Obesity Reduction and Prevention

Objective 1: By 2020, decrease the percentage of people (adults and youth) in Coos County who are obese from 30% to 25% (Robert Wood Johnson County Health Ranking/Behavioral Risk Factor Surveillance System [BRFSS]).

Objective 2: By 2020, decrease the percentage of 8th and 11th graders in Coos County who are obese by 3% (Oregon Healthy Teens Survey).

Strategy	Progress: March 2017
Committee membership recruitment	Recruited pertinent participants onto the Healthy Eating Active Living (HEAL) subcommittee. Membership is at 10-15 with attendance of 8-10 at each meeting.
Implement best practice activities based on assessment findings.	Prioritized and selected at least 2 recommended strategies with consideration of committee resources and potential funding needs. Applied for funding for selected activities. Consider CAC mini-grants and Knight Community Partnership. Completed Requests for Proposals (RFP).
Enhance infrastructure to support safe walking and bicycling.	Continue to support development of the Johnson Mill Pond trail and Connect the Boardwalks with letters of support. Support letters written. Will continue to write letters as applicable. Submitted an application with support letters for a community-wide walking program grant to Knight Cancer Institute Community Partnership grant (tier 1 or 2) to establish and/or promote existing community-wide walking activities.
Support Blue Zones Initiative	The subcommittee spent six months working on the Blue Zones application. This work entailed writing a grant proposal, presenting the Blue Zones project potential to various partners and community stakeholders, organizing the Blue Zones site visit, ensuring that Blue Zones community sectors were well represented at the site visit, etc. The Blue Zones application was not chosen as the second demonstration site in Oregon. The Healthy Eating and Active Living (HEAL) subcommittee is now focusing on developing strategies to continue to educate the community on Blue Zones-type activities to implement in the future.

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: March 2017
Veteran-Focused Program	Discussed identifying and asking a veteran representative to join the CHIP subcommittee. Discussed a new Veteran Plan for 2016-2017 CHIP.
McCullough Bridge Suicide Prevention	Finalized the call box design. Finalized the sign design. Submitted bridge plan to Oregon Department of Transportation (ODOT). Received approval to put call boxes on bridge.
Conduct outreach to publicize suicide resources.	Developed a plan for the 2017-2018 CHIP workplan.
Youth Mental Health First Aid (YMHFA)	Began staff training. Began training for the public. Promoted the YMHFA training classes.
Adult Awareness for Youth Suicide Risk	Developed a quick assessment of existing suicide prevention strategies. Identified target audience. Selected evidence-based intervention.
Youth Suicide Reporting and Response (YSRR)	Met with legal counsel to discuss privacy implications. Contacted with the medical examiner, District Attorney, law

	enforcement, schools and discussed how they should be notified of suspected suicide within the timelines. Facilitated meetings to establish a local communication protocol to respond to youth suicides and implement SB 561. Notified Oregon Health Authority (OHA) when local protocol completed. Implemented the YSRR.

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 who have supported EHR procedures**
- **Pilot clinics implemented One Key Question® (OKQ)**
- **Evaluation of pilot clinics conducted**

Strategy	Progress: March 2017
Launch OKQ in pilot practices (6-month implementation process).	Implemented OKQ in two medical offices and prepared for full implementation within public health by July 2017.
Set-up and assure pilot clinics' EHR supports documentation and process flow for OKQ.	Researched the feasibility of changing EHR forms at Bay Clinic. Designed workflow to support EHR.
OKQ training for pilot providers and other interested providers.	Scheduled OKQ training for pilot providers.
Evaluate pilot projects	Evaluated provider and staff experience. Based on the provider and staff experience evaluation the data collection tool was changed due to the complexity. OKQ community measurement of the population was completed and compared with the benchmark.
OKQ data collection	Collected data that was in alignment with the CCO's Performance Improvement Plan. The data collected included how many women between 18 and 50 screened with OKQ, percent of patients who were screened, and if appropriate follow-up on referral.
OKQ Booklet	The subcommittee applied for a WOAH mini grant to develop a community and evidence-based information booklet focused on prenatal care and contraception. The booklet will be used by both patients and providers and will be organized by the options discussed with the OKQ. A survey was developed by a nursing student and a CHW AmeriCorps VISTA volunteer to gather both providers and patients' feedback on the content and the look of the booklet. The survey has been administered to more than 100 individuals and analysis is underway.

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% (Oregon Oral Health Coalition [OrOHC] goals) to 65% in Coos County.**

Strategy	Progress: March 2017
Work with Advantage Dental clinics to identify availability and ability to work with referral process.	Determined whether Advantage Dental could meet the availability requirements of the referral process.
Collect data on referral process and implementation progress.	Worked with Bay Clinic to track data through EHR. Received a report from NBMC and Bay Clinic on referral process. Evaluated the performance metric on Timeliness of Prenatal Care.
Implement referral process with Bay Clinic and NBMC OB providers	Presented referral process to OB providers. NBMC OB Providers implemented the referral process. Bay Clinic OB providers implemented the referral process.

Priorities for the Coming Year:

The CCO, CAC OHP consumer members, CHIP Steering Committee, CHW, SCREL, Bay Area Hospital, Coquille Valley Hospital, WCHC, CCHC, ORCCA, and other community partners will embark on a CHA to be completed winter 2018. The new plan will compare the 2013 CHA findings to the current landscape. The new CHA will be reviewed with the CAC for the purposes of setting new or current priorities for the ongoing work of the CHIP.

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 will be the second CHA since the inception of the CCOs.

Subcommittee next steps:

Priority 1: Access to Healthcare. The subcommittee reviewed the results of the medical and dental provider and staff survey from 2016 and updated their work plan. Goal 1: By June 2018 increase CAHPS access measure scores from 2015 performance of 82.2% to 84.2%.

The subcommittee has updated the work plan for 2017-2018 to include Adverse Childhood Experiences (ACE) trainings. The plan is 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 subcommittee 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.

Priority 2: Chronic Disease Prevention/Healthy Lifestyles: Goal 1: Commercial Tobacco Prevention. The subcommittee will review the results of the assessment of selected organizations and key informants and develop a strategy to prevent commercial tobacco initiation and use in the younger generation. The subcommittee will continue to finalize the EBI report and gain subcommittee approval by June 2017. Between July 2017 and September 1, 2017, the subcommittee will select and implement the EBI to address youth initiation of tobacco use and apply for additional funding to support this project. The subcommittee objective for ongoing work: By 2020, increase the percentage of youth non-smokers from 85.8% (11th grade) to 100%.

Priority 2: Chronic Disease Prevention/Healthy Lifestyles: Goal 2: Obesity Reduction and Prevention. The subcommittee finalized a report of various focus groups across community sectors that were conducted in 2016. This report will help define the ongoing plan in 2017-2018.

Priority 2: Chronic Disease Prevention/Healthy Lifestyles: Goal 3: Blue Zones Initiative. The CHIP subcommittee applied for an Oregon Blue Zones initiative in 2016. Although the CHIP application was not selected, the subcommittee is committed to keep working to incorporate Blue Zones practices in Coos County. The subcommittee is developing a new workplan that will continue to discuss and spread Blue Zones-type approaches in the community.

Priority 3: Mental Health: Goal 1: Prevent Suicides. The subcommittee has several strategies with this priority such as, implementation of a Youth Move program, Veteran-focused program, McCullough Bridge Suicide Prevention project, a suicide prevention communication campaign, gun safety strategies, Youth Mental Health First Aid training, adult awareness for youth suicide risk, and Youth Suicide Reporting and Response. In the coming year, the committee will conduct outreach to publicize suicide resources through flyers, media plan, and on the Coos Health and Wellness (CHW) website. All these strategies are at different levels of development, execution, and or monitoring. The subcommittee has developed an ongoing work plan to continue this work.

Priority 4: Maternal and Child Health: Goal 1: Ensure Timeliness of Prenatal Care. Objective 1: The strategy is to continue to extend the implementation of OKQ within primary care practices at North Bend Medical Center, Advantage Dental, Bay Clinic, and within the WIC program, the Reproductive and Sexual Health Clinic and the home visiting program of CHW, Public Health Division. The subcommittee will continue to spread the OKQ and provide technical support to other providers in the community. In addition, the committee will continue with the development, completion and distribution of the evidence-based OKQ community resource booklet. 211info will ensure that the resources in the booklet are also included in the 211info database. Objective 2: Will work with Bay Clinic to set up workflows to track data and report on the program through the EHR.

Goal 2: Promote oral exams and teeth cleaning for pregnant women. The subcommittee will continue to monitor the referral process for providers currently participating in the program. The future plan is to present the work plan at the Dental Society Meeting engaging dentists in the CHIP and Performance Improvement Plan (PIP) for non-OHP covered pregnant women.

Appendix A: 2016 CHIP Progress Report Questions (OHA)

Key Players

1. **Which of the following key players are involved in implementing your CHP? (select all that apply)**
   - X Early Learning Council;
   - X Early Learning Hubs;
   - ☐ Youth Development Council;
   - X School health providers in the region;
   - X Local public health authority; and.
   - X Hospital.

2. **For each of the key players involved in implementing your CHP, indicate the level of engagement of partnership:**

	No engagement	Some engagement		Fully engaged	
	1	**2**	**3**	**4**	**5**
Early Learning Council	☐	X	☐	☐	☐
Early Learning Hubs	☐	☐	X	☐	☐
Youth Development Council	x	☐	☐	☐	☐
School health providers in the region	☐	X	☐	☐	☐
Local public health authority	☐	☐	☐	☐	X
Hospital	☐	☐	☐	☐	X

Optional comments: There is no Youth Development Council in Coos County.

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

- The CCO's Director of Community Engagement now serves on the SCREL Steering Committee and is working on aligning community health improvement efforts. The Coos Health and Wellness Director, who is an active member of the CHIP and who serves on WOAH's Board of Directors, continues to serve on the SCREL Steering Committee.
- The SCREL, in partnership with the CCO, and other community partners are exploring bringing Adverse Childhood Experiences (ACE) awareness, training, and implementation to the community.
- Kairos Chief Executive Officer and Coastline Services Program Manager participate on the CAC.
- The CCO is working with local organizations on housing and homelessness. A Homeless

Summit is scheduled for April 2017 to bring all interested parties together to discuss the 10-year Coos County Homeless Plan.

- CHW, in partnership with Advantage Dental, offers a no-charge school-based dental program (Ready to Smile), offering preventive dental services to children in Kindergarten to 8th grade. This program supports Coos County public, private, and home schools. The Ready to Smile program will be replaced by the Everybody Brush program administered by Advantage Dental beginning in school year 2017-2018.
- Advantage Dental, the delegated oral health provider for WOAH, is an active member of the CAC, CHIP Prenatal subcommittee, and WOAH board of directors.

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

- During the reporting period, the SCREL was operating with an Interim Director. As of March 2017, their new Director is now fully engaged in the work of the CHIP.
- The CCO will be working in partnership with the SBHCs and SCREL to develop the 2018 updated CHA

Health Priorities and Activities

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, 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 Move
- Commercial Tobacco Prevention
- Youth Mental Health First Aid
- PCPCH Learning Collaborative

6. What activities are you doing for this age population?

The following activities have been fully or partially funded though WOAH's 2016 Incubator or CAC Mini Grant funds:

- One initiative of the CHIP Suicide Prevention subcommittee and CHW was to develop and open a Youth Move Oregon drop-in center in Coos County. The drop-in center is scheduled to open in May 2017.

- A second initiative with the CHIP Suicide Prevention subcommittee is to put two suicide prevention phone boxes on the McCullough Memorial Bridge in North Bend. Signage will direct individuals contemplating suicide to call 911 or use the crisis text line of 741741.
- The CHIP Commercial Tobacco Prevention subcommittee, funded through a grant from the Knight Cancer Institute, conducted a survey to determine the community readiness to address the issue of tobacco initiation in the youth.
- CHW and Kairos implemented a Mobile Youth Crisis Response Unit (MY-CRU) that aims to intercede in the early stages of a youth's mental behavioral emergency. In the first quarter of 2017, a total of 72 calls were received from 19 referral sources: 6.94% resulted in hospitalization, 93.06% resulted in hospital diversion.
- Bay Clinic is recruiting for two Integrated Behavioral Health specialists for their pediatric population. This practice links medical and mental health in the primary care setting and provides integrated care for co-occurring conditions.
- Bay Clinic added one patient care coordinator for the pediatric practice to reach children and youth with special health care needs (CYSHN) and improve patient engagement and care coordination.
- An Autism Identification Team (AIT) was developed to provide a single, timely and comprehensive evaluation of preschool age children at high risk for autism spectrum disorder (ASD).
- North Bend Medical Center is recruiting for one behavioral health provider in the pediatric department to participate in developmental screenings, parent skills training, behavioral interventions, early identification of behavioral/developmental disorders and tracking concerns and response to interventions, coordinating community resources and access to specialized services.

Additional community initiatives include:

- The CCO continues to support CHW and Kairos in an evidence-based Children's Wraparound Program, consistent with fidelity requirements.
- The CCO 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.
- The CCO continues to support a pediatric after-hours clinic for immediate care, as an alternative to the hospitals' emergency departments, consistent with the Patient Centered Primary Care Home model (PCPCH) of care, another CHIP initiative.
- Mental Health First Aid Training continues to be offered to professionals and paraprofessionals throughout the community.
- The CCO sponsored the first Traditional Health Care Worker (THCW) training at Southwestern Oregon Community College (SWOCC) in partnership with Oregon State University (OSU). THCWs will work in different health care and social service organizations throughout Coos County, some focusing on prenatal care and ages birth to 24.

7. Identify ways 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:

- North Bend and Coos Bay Public Schools Special Program Directors are active members of the Children's Wraparound and System of Care program.
- The CCO is engaged with the SCREL and has cross membership with the CAC.
- The Ready to Smile program, offered throughout Coos Health and Wellness, offers preventive dental services for children in Kindergarten through 8th grade.
- The CCO awarded an incubator grant to a local pediatrician for two new greenhouses at the Myrtle Crest School in Myrtle Point and Madison Elementary School in Coos Bay. An additional partner in this initiative is the Master Gardener program through the Oregon State University Extension Office. The purpose is to encourage the participation of children with the growth and cultivation of vegetables and fruits and how healthy foods relate to nutrition, weight control, and disease.
- 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 placed an Outreach/Enrollment Specialist in Bandon High School on a weekly basis to increase access to outreach, insurance re/enrollment assistance, and health education information.

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.

Through the OEI and Transformation Center, Ignatius Bau partnered with the CCO's staff in a Health Equity consultation to advance health equity through the ongoing implementation of the CCO's Transformation Plan and CHIP. A few focal areas include:

- The CHIP Access to Healthcare subcommittee developed a PCPCH learning collaborative to support clinics in achieving PCPCH recognition with a focus on cultural and linguistic needs for members. An example of this work is: The Prenatal subcommittee is putting a resource guide together for newly diagnosed pregnant women. This resource guide will be in both Spanish and English and written at the sixth-grade reading level.
- The CCO offered a mini-grant opportunity to the CAC for the CHIP work. Mini-grant funding was awarded for projects for Youth Move and Prenatal care to address

health equity initiatives.

- The CHIP Access to Healthcare subcommittee is bringing community partners together to discuss a community initiative to bring awareness, tools, and implementation of trauma-informed care. Community partners include the SCREL, Tribal representation, homeless coalitions, educators, providers, civic, religious, and other interested parties.
- The CCO financially supported the first Traditional Health Care Worker training provided by Southwestern Oregon Community College and Oregon State University in the Spring 2017. Three CCO staff members attended this training.
- The CCO is a sponsor for an April 2017 Homeless Summit. The purpose of the Summit is to bring community leaders and members together to work toward steps that can relieve the homeless situation, revisit the 10-Year Plan to End Homelessness in Coos County, identify actions that can be brought to fruition, and inspire everyone to be involved in making a positive difference.
- The CAC held their first annual CAC retreat with a focus on social determinants of health. The OHA Transformation Center provided technical assistance for the retreat. A second annual CAC retreat is being planned for the fall of 2017.

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

- The CCO worked with the OHA Transformation Center to gather data on health equity milestones and benchmarks. Data included member demographics and compared the data with the 2016 CCO incentive measures in order to find successes and gaps.
- The CCO found gaps in the member data provided by OHA. Approximately 20% of race and language data is left blank and/or is unknown.
- The CCO accessed Coos County data, which is published online at countyhealthrankings.org, sponsored by the Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute to review health outcome and health factor data in identifying successes and gaps for CCO's CHIP initiatives.

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.

WOAH compares local population data to CCO or state data in many projects. Two examples include:

- WOAH adopted concurrent use of opioids and benzodiazepines as a Performance Improvement Project. This metric compares per capita, concurrent utilization of these drugs in Coos County to utilization across Oregon. The PIP requires WOAH to interface with Portland State University to collect current county-level population estimates. WOAH also interfaces with the Oregon Prescription Drug Monitoring Program to collect utilization rates for Coos County and Oregon.

- WOAH partners with local hospitals to track hospital readmissions. The CCO tracks these numbers internally for their member population. The hospitals track these numbers for all payers. WOAH meets monthly with the hospitals to compare trends.

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

WOAH monitors claims data for signs of health disparities. WOAH has not encountered challenges in *accessing* health disparities data. The largest obstacle for *detecting* health disparities is the issue of statistical significance. Due to the small, relatively homogeneous population any health disparity must be very pronounced before the disparity can be measured with statistical significance.

12. **What successes or challenges have you had in engaging populations experiencing health disparities?**
    - There currently is no regional health equity coalition in Coos County. Community partners, including the CCO will be forming a work group to determine the feasibility of starting an Equity Coalition in Coos and Curry Counties.
    - The CCO's customer service staff work with Aging and People with Disabilities (APD) to increase transportation access to persons with disabilities.
    - The CCO's customer service staff work with members, their families, and caregivers to increase transportation access to persons with mental health illness.
    - The CCO brought Bridges Out of Poverty (speaker Terie Dreussi-Smith, M.A.E.d.) to the community in November 2016 to help the audience understand poverty, to gain insight into reducing barriers out of poverty, and to explore models for programs and community collaboration.
    - The Coos and Curry CAC's held their 1st Annual CAC Retreat focusing on awareness and understanding of social determinants of health and how to apply social determinants of health to ongoing CHA/CAC/CHIP work.

13. What successes or challenges have you had in recruiting CAC members from populations experiencing health disparities?
    - Representation on the CAC has been secured for persons of Native American origin, and people of color.
    - Representation on the CAC has also been secured for adults with severe and persistent mental illness.
    - Male representation and geographic location representation on the CAC has been a challenge. Recruitment efforts in 2017 will focus on this issue.

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 document, such as the Local Mental Health Authority's (LMHA) Biennial Improvement Plan (BIP). You do not need to submit the full LMHA BIP.

- CHW and their sub-contractors provide the majority of mental health services to residents of Coos County. CHW is also the delegated mental health provider of mental health services for OHP members within the county under an agreement with WOAH, the local CCO. CHW sub-contracts with local Federally Qualified Health Centers, area counselors, therapists, and psychiatric providers.

- 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 and the Director of Coos Health & Wellness is a WOAH Board Member, CHIP Steering Committee Member, and leader of bringing Youth Move to Coos County. The Public Health Director is the chair of the CHIP Prenatal subcommittees and the Vice Chair of the CHIP Steering Committee.

15. **If applicable, describe how the CHP work aligns with work through the Transformation Plan, Quality Improvement Plans and/or Performance Improvement Projects?**
    - The CCO's Transformation Plan, Benchmark 2 and Performance Improvement Projects – Patient Centered Primary Care Home is aligned with the CHIP Access subcommittee initiative.
    - The CCO's Transformation Plan, Benchmark 4 – Community Health Assessments & Improvement specifically aligns with the CAC, CHA, and CHIP.
    - The CCO's Transformation Plan, Benchmark 5 – Health Information Technology is aligned with WCHC's mental health and behavioral health telehealth program.
    - The CCO's Transformation Plan, Benchmark 6 – Meeting Cultural, Linguistic, & Health Literacy Needs is aligned with the work of the CAC. The CAC members participated in Bridges Out of Poverty summit that the CCO supported in November 2016.
    - The CCO's Transformation Plan, Benchmark 7 – Assuring Culturally Diverse Needs of Members are Met aligns with the CHIP Access subcommittee that is working with providers on PCPCH recognition.
    - The CCO's Performance Improvement Project – Improving perinatal & maternity care aligns with the CHIP Prenatal subcommittee's initiative of the implementation of OKQ.
    - The CCO's Quality Incentive Measures of Access to Care, Satisfaction with Care, Cigarette Smoking Prevalence, Effective Contraceptive Use, PCPCH enrollment, Timeliness of Prenatal Care all align with CHIP subcommittee initiatives.
    - Several of the CHIP subcommittee members are attending the first THCW training that WOAH sponsored. This training is being offered at the local community college (SWOCC in partnership with OSU).

16. If applicable, check which of the State Health Improvement Plan (SHIP) priorities listed below are also addressed in the CHP.

X *Tobacco*
X Obesity
X Oral health

☐ *Substance use*
X Suicide
☐ *Immunizations*
☐ *Communicable diseases*

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

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

State Health Improvement Plan and CHP priorities:

- Prevent and reduce tobacco use – the CCO CHIP Tobacco Prevention subcommittee is focusing on youth tobacco prevention.
- Slow the increase of obesity – the CCO CHIP HEAL subcommittee is working on initiatives that align with this state priority.
- Improve oral health – the CCO 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 CCO CHIP Suicide Prevention subcommittee has initiatives that focus on preventing deaths from suicide for all ages of the population.

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

- The CCO financially contributed to the direct work of the CHIP, most elements of which focus on the entire population.
- The CCO financially sponsored the first THCW training at SWOCC in the spring of 2017 with 24 individuals taking the course.
- The CCO financially sponsored the Bridges Out of Poverty Summit in November 2016.
- The CCO financially sponsored the 1st Annual CAC Retreat in November 2016 with a focus on social determinants of health and how data support and guide the work of the CHIP.
- The CCO financially sponsored the Southwest Oregon Opioid Summit in October 2016.

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

- The CHIP Suicide subcommittee in partnership with CHW, North Bend and Coos Bay Police Departments, ADAPT, and other social service agencies planned, funded, and launched a Youth Move Program in North Bend.
- The CCO partners with the local federally qualified health centers throughout the region to refer individuals to their Assisters to get enrolled and stay enrolled in the OHP. In addition, the CCO holds monthly meeting with the Assisters to discuss success and barriers that Coos County residents experience regarding coverage under the OHP.
- The CCO holds benefit education meetings for new and established OHP members. These meetings are designed to discuss member transportation, physical health second opinion, oral, mental and behavioral health benefits.

- The CHIP Prenatal subcommittee addresses the integration of oral health services with newly diagnosed pregnant women.
- The CCO, 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 Ready to Smile program (through CHW and 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.

Appendix B: Acronyms

APD – Aging and People with Disabilities

BIP - Biennial Improvement Plan

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)

CTP - Commercial Tobacco Products

DCO – Dental Care Organization

DHS – Department of Human Services

EBI – Evidence Based Intervention

EHR – Electronic Health Record

FQHC – Federally Qualified Health Center

HEAL – Healthy Eating Active Living

HUD – Housing and Urban Development

IRB – Institutional Review Board

JMP – Johnson Mill Pond

LMHA – Local Mental Health Authority

NBMC – North Bend Medical Center

OAR – Oregon Administrative Rules

OBGYN – Obstetrics & Gynecology

OCTRI – Oregon Clinical & Translational Research

OEI – Office Equity & Inclusion

OHA – Oregon Health Authority

OHP – Oregon Health Plan

OHSU - Oregon Health & Science University

OKQ – One Key Question®

OSU – Oregon State University

PCPCH – Patient Centered Primary Care Home

PIP – Performance Improvement Plan

PTSD – Post Traumatic Stress Syndrome

QAPI – Quality Assurance and Performance Improvement

SCREL – South Coast Regional Early Learning Hub

SHIP – State Health Improvement Plan

SOC – System of Care

SUD – Substance Use Disorder

SWOCC – Southwestern Oregon Community College

WCHC – Waterfall Community Health Center

WIC – Women, Infants, Children Program

WOAH – Western Oregon Advanced Health

YSRR – Youth Suicide Reporting and Response

Appendix C: Coos County Community Advisory Council Charter

Western Oregon Advanced Health
Coos County Community Advisory Council Charter

Title:	**Western Oregon Advanced Health (WOAH) 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 WOAH Coos County CAC will hold monthly meetings of the full committee. Standing sub-committees or ad hoc work groups will meet as directed.
Sponsor	Western Oregon Advanced Health Governing Board
Purpose:	The Coos County CAC exists to provide advice and recommendations to Western Oregon Advanced Health and its governing body regarding strategies to achieve the Triple Aim goals of better health, better care and lower costs. The Coos County CAC will provide an essential link to consumers and the community at large to aid WOAH in engaging its members and the community towards health care transformation.
Duties	The duties of the council include but are not limited to: 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 WOAH with special projects as requested.
Membership	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. 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. Consumer representatives must constitute a majority of the membership. For the purposes of this charter, a consumer is defined as an individual enrolled in WOAH, their family or personal representative. 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 chemical dependency treatment. 5. One representative from the WOAH Governance Board. 6. 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 CCAC; e.g. veteran status, sexuality, etc. Terms: Each appointment is for three years. Appointments for members can be renewed for those in good standing. 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 2-3 CAC meetings will be asked about their interest in joining the CAC as a member. 3. Those expressing interest in joining will be nominated to the CAC. Appointments of CAC members will be forwarded to the CCO's governing board for final approval.
Operating Principles:	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. Roberts' Rules of Order, Revised (10th edition), shall be the parliamentary guidelines for all matters of procedure not specifically covered by this Charter. Fifty-one percent (51%) shall constitute a quorum. 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 WOAH, contracted health providers and partner organizations. Individual members will strive to act in a most respectful manner in regards 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. 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 WOAH's

	customer service representatives.
Meeting Frequency:	Monthly
Review Charter:	Yearly
Date(s) Revised:	

[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