



Curry County Community Health Improvement Plan

2016 - 2017 Progress Report

May 30, 2017

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Introduction

Western Oregon Advanced Health (WOAH) is a Coordinated Care Organization (CCO) that administers the Oregon Health Plan (OHP) to members in Curry and Coos Counties. WOAH currently has more than 20,000 members in these two counties. Curry County, Oregon, is a medium-sized county located along the Pacific Coast in the southwest corner of Oregon. It occupies 1,627.46 square miles with July 1, 2016 estimated population of 22,713 (U.S. Census Bureau). The median household income in 2015 was \$40,884 with the persons under age 5 representing 4.2%, 18 years of age 15.1% and persons 65 years and over representing 32.1%. In a Robert Wood Johnson Foundation 2017 study of health rankings, Curry County was ranked number 29 out of 36 counties in Oregon, with 1 being the best ranking and 36 the worst. This is an improvement from 2016 when the health outcome was 32 out of 36. The gaps in health care are found to increase costs and are preventable. The Curry Community Health Improvement Plan (CHIP) has focused its efforts on reducing such gaps through their 2016 and 2017 initiatives.

The Curry County Community Advisory Council (CAC) has been meeting monthly since February 2015. The Curry and Coos CAC held their first Annual CAC retreat in November 2016. The objectives were to: 1) Increase awareness and understanding of social determinants of health, 2) Create a shared understanding of social determinants and health equity, 3) Develop the ability to apply social determinants of health to ongoing Community Health Assessment (CHA) and CHIP work, 4) Build relationships between the two county CACs, and 5) Understand the use and definitions of different metrics.

This document is intended to report progress on the goals laid out in the 2016 CHIP document. The accomplishments outlined here were contributed by the Curry CAC and CHIP subcommittee partners. This is the third annual report on the CHIP and it reflects activities performed from March 2016 through March 2017.

The report includes the following:

1. Timeline outlining the development of the Curry County CHA and CHIP
2. Participating organizations (current) in the development and implementation of the CHIP
3. Summary of accomplishments: March 2016 – March 2017
 - a. Progress on 2016 CHIP goals
 - b. CHIP revision
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: Curry County Community Advisory Council Charter

Timeline

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

February 2015: The Curry CAC was formed.

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

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

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

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

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

Committee Membership

The Curry CAC and CHIP are made up of CCO members, community physical and oral health providers, peer advocates, the local health department, and the CCO (Western Oregon Advanced Health [WOAH]). Five to seven CAC members are involved in each CHIP subcommittee. The following organizations have been involved in the 2016-2017 CAC and CHIP activities:

Western Oregon Advanced Health Community Advisory Council

Western Oregon Advanced Health

Rogue Valley Transit District - Translink

The Citizens Who Care.org

South Coast Regional Early Learning Hub

Peer Advisory Council

Oregon State University Extension Service

Oregon Health & Science University Rural Health Campus

Oregon Health Authority Innovator Agent

Oregon Coast Community Action

Oasis Shelter Home

Department of Human Services

Curry Health Network

Curry Community Health
Coast Community Health Center
Bright Eyes Midwifery and Wild Rivers Women's Health LLC
AllCare Health
Advantage Dental
211info

Report on Activities and Next Steps

Priority 1: Prevention & Services

Goal 1: Mental Health and Addictions

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

Objective:

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

By 2018, a county-wide Peer Advisory Council (PAC) will be established to incorporate the member and peer perspective in the design of services offered at the drop-in center.

Goal 2: Substance Abuse Prevention

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

Objective:

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

By 2018, a county-wide Peer Advisory Council will be established to incorporate the member and peer perspective in the design of services offered at the Gold Beach Clubhouse.

By 2018, an inventory of prevention services available in Curry County will be completed and resources will be included in the community resource booklet.

Strategy	Progress: April 2017
Goal 1 & 2: Partner with Curry Community Health (CCH) and AllCare Health in the establishment of a PAC.	PAC was chartered in August 2016. Created a mission, bylaws, budget, policies and procedures. The council is also in discussion to bring or offer Peer Support Specialist training. One PAC member is taking the WOH sponsored Traditional Health Care Worker training that is offered at Southwestern Oregon Community College (SWOCC) in partnership with Oregon State University.
Goal 1 & 2: Promote and support the Gold Beach Clubhouse.	Expanded the services offered at the Clubhouse: <ul style="list-style-type: none">• 12-Step Program for Women• PAC wrote a proposal to CCH, WOH and AllCare to support food and activities at the clubhouse. All three entities financially supported these requests.

<p>Goal 1 & 2: Partner in the establishment of a drop-in center in Brookings.</p>	<ul style="list-style-type: none"> • CCH will provide space in their Brookings facility for the drop-in center. • PAC is working to identify services and supports to be offered at the drop-in center. • PAC will determine funding structure and financial support once services are identified. • Will acquire furniture and other details related to opening a new drop-in center.
<p>Goal 2: Opioid Summit to the Southern Oregon Coast.</p>	<ul style="list-style-type: none"> • October 27, 2016 WOAHA sponsored an Opioid Summit at the Southern Oregon Coast to bring together stakeholders to identify the specific challenges in Curry and Coos Counties, and develop a Regional Action Plan to move the discussion into action and create momentum for statewide change. Approximately 307 individuals were in attendance.
<p>Goal 2: Cultural Competency training to Curry County CAC and providers and teams.</p>	<ul style="list-style-type: none"> • WOAHA sponsored a Bridges Out of Poverty Workshop on November 18, 2016 for stakeholders (health care [physical, oral, behavioral, mental health providers and staff]; community partners; health and social services) in Curry and Coos County to be trained in Cultural Competency. Over 200 individuals in attendance including CAC members.
<p>Goal 2: Bring Adverse Childhood Experiences (ACE) training to Curry county professionals and staff in Education, Health Care (physical, behavioral, oral) Child Care, Law Enforcement, and Social Services.</p>	<p>Completed: WOAHA and AllCare sponsored event - Understanding ACES (Training on the ACE study and how an understanding of the science behind brain development can transform schools, work-places, and communities). Curry CAC member participated in this training.</p> <p style="text-align: center;">January 5, 2017 from 6:00-8:00 pm</p> <ul style="list-style-type: none"> • Event Center on the Beach Curry Showcase Room 29392 Ellensburg Ave. (Hwy 101), Gold Beach, Oregon. Over 60 individuals in attendance.
<p>Goal 2: Work with 211info to bring a 211 Coordinator to the community of Curry County to add to and update the online resource guide with resources pertaining to Substance Abuse Prevention.</p>	<p>WOAHA, South Coast Regional Early Learning Hub (SCREL), Oregon Coast Community Action (ORCCA), AllCare Health partnered to financially support a 211info Coordinator in Curry and Coos Counties.</p> <p>Provided 211info with community resource guides in order to outreach organizations about the benefits of participating in the 211info database.</p> <p>November baseline (08/01/16 – 10/31/2016): # of organization in the database = 21 # of contacts by call = 21 # of contacts by text = 3 # of contacts by emails = 1 # of contacts by website = 165</p>

Goal 1 & 2: Brought information to the Curry County Fair about the crisis text line of 741741.	Text line information was available and given out at the Curry County Fair that took place on September 24, 2016.
Next Steps: April 2017-April 2018	Objective
211info	<ol style="list-style-type: none"> 1. Increase the number of users of the 211info system by: <ul style="list-style-type: none"> # of organization in the database \geq 30% # of contacts by call = \geq 25% # of contacts by text = \geq 25% # of contacts by emails = \geq 25% # of contacts by website = \geq 25% 2. Increase the number of services in the database by \geq 30% <p>Track the number of individuals that contact 211info by age, gender, race, ethnicity, primary language, and city and zip. Target advertisement of resources for community member with access barriers.</p>
Promote and support the Gold Beach Clubhouse.	<p>In partnership with WOAHA expand the services offered at the Clubhouse:</p> <ul style="list-style-type: none"> • Explore and identify a Chronic Pain Program or referral to services by December 2017, such as Living Well with Chronic Conditions or a Chronic Pain Support Group. • Explore the interest and implementation of a Tobacco Cessation class by July 2017. • Identify a peer-to-peer certified training program and train 12-15 individuals by December 2017.
Promote and support the drop-in center in Brookings.	<p>In partnership with WOAHA and AllCare Health offer a Tobacco Cessation program by August 2017.</p>
CAC and CHIP member trainings	<p>Send CAC and CHIP members to the following 2017 trainings. Include others as identified:</p> <ul style="list-style-type: none"> • OHA CAC Event (Portland) • Peerpocalypse 2017 Conference (Seaside) • 2017 Oregon Pain Guidance (Ashland) • Poverty Simulation (Coos Bay) • Homeless Summit (Coos Bay) • ASIST Training (Brookings) • C-SSRS Suicide Risk Assessment training (Portland) • Public Health Modernization Overview for Community Advisory Councils (webinar at WOAHA) • How CCO's are Advancing Health Equity Through Health Systems Transformation (webinar at WOAHA)
Adverse Childhood Experience Training	<p>Work with community partners on a comprehensive Curry County ACE training program including public education.</p>

Suicide Awareness Campaign

741741 Text Line

Develop strategies to promote awareness of the 741741 Crisis Text Line, such as participating in community fairs and community forums, and making available educational materials to place in the community, including schools and School Based Health Centers (SBHC), and provide to individuals at local events.

Applied Suicide Intervention Skills Training (ASIST)

Identify funding to help assist with the development, printing, and purchasing of educational materials.

Identify ASIST trainers to deliver ASIST trainings for the Curry County communities.

Seek funding to implement the program.

Goal 3. School-Based Prevention Services

Objective:

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

Objective:

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

Strategy	Progress: March 2017
<u>School Based Health Services</u>	
Identify leaders within the WOAH Curry CAC to draft the SBHS plan.	Created the SBHS subcommittee.
Learn about different models of school services.	<p>Researched the requirements of a certified SBHC. The rigors of developing a SBHC was beyond the scope of any community sponsor at this time. The subcommittee chose to focus on learning more about the Youth Advisory Council (YAC) in the Brooking-Harbor High School and using this model to develop a YAC at Gold Beach (GBYAC) High School focusing on health education and prevention. In a To Be Healthy (TBH) survey the youth were asked: What services would you like to see your health center provide more of?" Fifty percent of the respondents stated, "Health Education." WOAH sponsored \$6,000.00 to start GBYAC. Youth will act as mentors to Riley Creek in Gold Beach in promoting physical, intellectual, social and emotional health K-8. Also carry-out campaigns that promote healthy lifestyles and prevention of ATOD use and abuse. (CCH to report quarterly to WOAH).</p> <p>CCH Prevention team has increased efforts to teach classes on safe social media, bullying, drug and alcohol prevention and gambling. Working with Azalea Middle School on a 2018 prevention calendar with a monthly prevention focus, a featured myth or fact, and a youth and parent exercise.</p>
To Be Healthy Fair (TBH)	<p>Set up TBH fairs in the Brookings and Gold Beach areas. Services: annual well-care visits, immunizations, dental screenings and fluoride treatments. Goal: to increase the number of adolescent well-care visits in Curry County to meet the OHA benchmarks for 2016 (61.9%). Ages 11 to 19.</p> <p><i>See data table on next page:</i></p>

	Date	TBH Location	Number of youth in attendance
	August 9 & 10, 2016	Brookings-Harbor High School	60
	October 25 & 26, 2016	CCH, Gold Beach clinic	38
	December 6, 2016	Coast Community Health Center, Port Orford school clinic	11
School-Based Health Services	<p>CCH added a part-time (.50 FTE) mental health provider to the Brookings-Harbor School-Based Health Center and part-time (.50 FTE) at Azalea Middle School.</p> <p>CCH providing classes at Riley Creek focusing on drinking, smoking, drug use among students, and teen dating.</p>		
Partner with CCH to offer Youth Mental Health First Aid trainings in Curry county.	<p>CCH training:</p> <ul style="list-style-type: none"> • Approximately 40 individuals have been trained in both Youth and Adult Mental Health First Aid. • Training occurred in Gold Beach and Brookings. • Audience included mental health workers, partnering businesses, and community members. <p>Currently working with:</p> <ul style="list-style-type: none"> • Brookings High School to set up trainings with teachers. • In discussion with Gold Beach and Port Orford schools. • Financial and human resource barriers: Having enough substitute teachers to fill in for the teachers taking the class. The trainer to explore setting up teachers' training on an in-service day to reduce both barriers. 		
Next Steps: April 2017-April 2018		Objective	
Youth Mental Health First Aid Training	<p>Targeted training sites include but are not limited to:</p> <ul style="list-style-type: none"> • May 10, 2017 – SWOCC in Brookings. • July 21, 2017 Adult training at the Gold Beach SWOCC extension. • September 2, 2017 Youth training at Brookings SWOCC. • November 17, 2017 Youth training at Gold Beach SWOCC extension. • Additional trainings include school districts, law enforcement, corrections, and medical staff. 		

<p>Youth Advisory Council (YAC)</p> <p>WOAH, in partnership with CCH, financially supported the development and implementation of a YAC at the Gold Beach High School.</p>	<p>By September 2017 develop a YAC at the Gold Beach High School.</p> <p>By December 2017 develop awareness and prevention strategies based on YAC targeted goals.</p>
<p>To Be Health Campaign</p> <p>The TBH Campaign will continue to increase the number of youth that receive Adolescent Well Care Visits in the measurement year.</p>	<p>To increase the Adolescent Well Care Visits from the 2016 performance of 33.8% to 34.8%.</p>
<p>Create a Bullying Prevention Awareness Campaign.</p>	<p>Objective: By 2020 reduce the number of students that state they have been bullied for any reason in 30 days prior to the survey from 39.1% of 11th graders to \leq36.7%, Oregon state average (2016 Oregon Student Wellness Survey).</p> <p>Develop a bullying prevention awareness campaign.</p>
<p>RESPONSE (high school-based program that increases awareness about suicide among high school staff, students, and parents).</p>	<p>Discuss the RESPONSE program with the Principal at Gold Beach High School.</p> <p>Seek funding to implement the program at the Gold Beach High School in School Year (SY) 2017-2018.</p>

Priority 2: Lifestyle

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

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

Strategy	Progress: March 2017
One Key Question® (OKQ)	
Secure agreement to implement OKQ in Curry County. [Would you like to become pregnant in the next year?].	<p>Contacted Oregon Foundation for Reproductive Health to request the OKQ agreement.</p> <p>Discuss the OKQ agreement with the subcommittee and WOA's Chief Medical Officer.</p> <p>Sign the agreement.</p>
Identify two health care providers willing to implement OKQ.	Piloted the OKQ with Bright Eyes Midwifery and Wild Rivers Women's Health, LLC.
Implement OKQ pilot project at identified pilot clinics/sites.	Bright Eyes Midwifery and Wild Rivers Women's Health, LLC applied for funding through WOA's Incubator funding to implement OKQ with Curry Health Network primary care providers in Curry County.
Next Steps: April 2017-April 2018	
Implement, track, and report on OKQ project in Curry County.	<p>Objective</p> <p>Measurement goals for providers who have implemented the OKQ in their clinics:</p> <ul style="list-style-type: none"> • By the end of 2017, achieve a 91% rate of timeliness of prenatal care, within the first trimester or within 42 days of signing up for OHP. • By the end of 2017, exceed the 2016 performance of 30.2% effective contraceptive use for women between the ages of 18 to 50 by 3% to 31.11%.

Goal 2. Healthy Food and Lifestyle

Support programs that expand access to healthy food and physical activity

Objective: By June 2017, increase healthy food choices to residents of Curry County.

Strategy	Progress
<p><u>Food Insecurity</u></p> <p>Explore the possibility of additional delivery sites in Curry County.</p>	<p>The Director at South Coast Food Share attended a CHIP meeting to discuss how organizations can become a food delivery site.</p>
<p>Seek funding to deliver additional food supply in Curry County.</p>	<p>Applied and received WOAHS CAC Mini Grant in the amount of \$4,560.00. Discussed with ORCCA the distribution food sites, type and quality of foods, delivery and data measures.</p>
<p>Explore opportunities to add Greenhouses to all Curry County elementary schools.</p>	<p>Research showed that greenhouses were located throughout Curry County. During the research, the CHIP found that the need is for supplies to maintain the greenhouses, including lumber, soil, etc. The CHIP subcommittee identified a foundation that funds such projects. The foundation encouraged the CHIP subcommittee to apply for a grant.</p>
<p>Next Steps: April 2017-April 2018</p>	
<p><u>Healthy Foods</u></p>	<p>Objective</p> <p>Under the South Coast Food Share grant, ORCCA will distribute an additional 18,143 pounds of food in April and May 2017 to five food pantries and one meal site in six locations throughout the county. This translates to approximately 15,119 meals and a total donor value of \$35,567.86.</p> <p>A WOAHS sponsored Community Applied Nutrition class to be offered April 20 & 27, 2017, in Gold Beach, Oregon.</p> <p>OSU Extension Service will participate in a CHIP-sponsored Community Health Fair on May 19, 2017 in Gold Beach, Oregon.</p> <p>Explore opportunities to partner with the OSU Extension Service to bring classes/events regarding healthy eating to Curry communities.</p> <p>CHIP members will administer a survey to get feedback from the food pantry recipients on: 1) whether they have been to the food pantry previously; 2) what items they usually receive; 3) if the variety of foods meet their needs; 4) if not, what items would they like to receive; and 5) any personal testimony or stories that they would like to share about their experience with the food pantries. This information will be</p>

	used to further the work of the subcommittee.
Work with school districts to identify their greenhouse supply needs and apply for a greenhouse maintenance grant.	By September 1, 2017 apply for a greenhouse maintenance grant.
Discuss with the Gold Beach Clubhouse their need for a greenhouse.	If interested in a greenhouse, by September 1, 2017 apply for funds for a greenhouse.
To address healthy lifestyles, focus groups will be held at the Clubhouse to obtain community members' understanding of nutritional eating and healthy cooking, and exercise and fitness.	From these focus groups set priorities to support the targeted populations needs.

Priority 3: Communication & Benefits

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

Objective 1.:

- By March 2017 have a Translink representative attend the CAC meetings.
- By March 2017 develop member education sessions to increase the members' understanding of the transportation benefit.

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

Objective 2:

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

Strategy	Progress: March 2016
<u>Project: NEMT</u>	
Educate members on Non-Emergent Medical Transportation (NEMT) benefits.	WOAH Community Health Worker began member education sessions in Curry County. A total of four education sessions were offered between March 2016 and April 2017 with six individuals attending the sessions.
Identify and invite a Translink representative to the CHIP subcommittee meeting.	Translink representative began attending the CAC meetings in February 2017.
Work with WOAHS customer service team to determine if Translink's website could identify WOAHS when first logging on. The website only lists the name of the transportation company (Translink), confusing members when first logging on.	Translink built a new website that was implemented in September 2016. The website includes a designated page for WOAHS that is customized to meet our members' needs and able to be updated on a regular basis.
Update the WOAHS member handbook to include additional information about the Non-emergent medical transportation benefit.	Completed the handbook revision in December 2016.

Strategy	Progress: March 2016
<p><u>Project: Community Resource Guide</u></p> <p><u>Strategy: 211info</u></p>	<p>Applied and received funding from a WOAHA CAC Mini Grant to develop a community resource guide for Curry County. Identified OASIS as a partner in this project.</p> <p>WOAHA co-sponsored a 211info Community Engagement Coordinator for Curry and Coos Counties in August 2016.</p> <p>The CHIP will use this database to update a community paper resource guide for individuals who do not access electronic systems.</p>
Next Steps: April 2017-April 2018	Objective
<p><u>211info Project:</u></p> <p>Work in partnership with 211info to advertise the updated 211info resource guide.</p>	<p>By October 2017 increase the number of organizations that are listed in 211info databases from a baseline of 21 to 27.</p> <p>By October 2017 increase the number of contacts (calls, texts, emails, website searches) for Curry county resources from a baseline of 180 to 237.</p>
Next Steps: April 2017-April 2018	Objective
<p><u>NEMT Benefit Project:</u></p> <p>Develop and administer a member survey regarding the members' understanding of the NEMT benefit.</p> <p>Develop a brochure on the NEMT benefit in order to educate members about their transportation benefit.</p>	<p>By June 30, 2017 send the transportation survey to 100% of adult Curry County WOAHA members to measure their awareness of the transportation benefit.</p> <p>Once the survey is completed, the subcommittee will set the following objective with the survey data:</p> <p>Objective: By June 2018 increase the number of members who are aware of the transportation benefit by ____% (based on survey data) of the 2017 baseline measure.</p> <p>To guide the CHIP subcommittee in a targeted approach to educate members on their NEMT benefits.</p> <p>To make available a resource that could be placed throughout the Curry community to further educate members on their benefit.</p>
<p>Patient Centered Primary Care Home (PCPCH) Learning Collaborative.</p>	<p>Invite Curry Community Health and Curry Health Network in a PCPCH Learning Collaborative.</p>

Priorities for the Coming Year

The Curry CAC and CHIP subcommittee reconvened in March 2016 to begin reviewing their progress and developing a plan for Year 3: March 2016 - March 2017. The subcommittee held a work session to review their work in Year 2 and set priorities for Year 3 as follows:

Priority Area 1: Prevention & Services

- Objective 1: Mental Health
- Objective 2: Substance Abuse Prevention
- Objective 3: Decrease the Adolescent Suicide Rate
- Objective 4: School-Based Prevention Services

Priority Area 2: Lifestyle

- Objective 1: Healthy Foods & Lifestyles
- Objective 2: Increase the Timeliness of Prenatal Care

Priority Area 3: Communication and Benefits

- Objective 1: Communication about Benefits
- Objective 2: Transportation

The subcommittee held a four-hour work session to develop strategies for Year 3 CHIP objectives. The subcommittee developed broad goals and strategies to meet the priority areas of Prevention & Services, Lifestyle, and Communication and Benefits. This plan will evolve as new partners and ideas come to the table, and when community and project assessments are completed.

The subcommittee has also incorporated SMART (specific, measurable, actionable, realistic, time-bound) goals for each of their objectives. In the first annual CAC retreat in 2016 the committee learned how to set SMART goals and where to find data to support their work. During the four-hour work session, the subcommittee used the SMART goals to make sure the 2017-2018 objectives were clear, well defined, and reachable.

The subcommittee redefined the focus of the SBHS from focusing on adding additional services to the schools to working with community partners to add prevention education to students and to develop the leadership skills of students in the high schools. The subcommittee invited the Brookings-Harbor High School YAC to a CAC meeting to understand what their work and purpose was. This YAC presentation confirmed the CHIP'S direction to work in partnership with the youth to address issues that were important to them and their peers. The CHIP will work in partnership with CCH and WOA to support the work of the Gold Beach YAC.

The Curry subcommittees will submit the CHIP workplan to the local CCO's Community Advisory Council for approval in May 2017. The plan will then go to the CCO's (WOAH) Board of Directors in June 2017.

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	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Learning Hubs	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Youth Development Council	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School health providers in the region	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Local public health authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x
Hospital	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional comments:

Although the CCH had a vacancy in their Public Health Authority position, they were instrumental in the work of the CHIP. The Public Health Authority position was filled in early 2017. The new Local Public Health Authority individual will be joining the Curry CAC in May 2017. There is no Youth Development Council in Curry 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. In addition, Healthy Families Oregon, Curry Public Library, past Curry County Commissioner, current business owners and community volunteers are participants on the SCREL Steering Committee and are working on aligning community health improvement efforts with the CCO and CHIP.
- In January 2017, the CCO in partnership with AllCare Health and other community partners offered an Adverse Childhood Experience (ACE) training that focused on how

an understanding of the science behind brain development can transform schools, work-places, and communities. The targeted audience for this training was educators, health care providers, law enforcement, CAC and CHIP members, faith organizations, and other community members and organizations.

- The CCO is working with local organizations on housing and homelessness. A CCO workforce member participates on the Curry County Homeless Coalition. The coalition was awarded a Housing First grant that will assist the coalition with the Curry County 10-Year Homeless plan.
- Coos Health and Wellness 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 Curry 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 WOA, is an active member of the CAC, CHIP Prenatal subcommittee, and WOA 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 will be invited to participate in the work of the CHIP.
- The CAC invited the Brookings-Harbor High School YAC, which works with the School Based Health Center in Brookings, to present on their work with the students in the high school. The other high schools in Curry County do not have a SBHC but are interested in developing a YAC to focus on health-related issues students face. CCH and WOA will be partnering to fill this gap in 2017 by developing and implementing a YAC in the Gold Beach High School.

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.

- OKQ implementation
- School Based Prevention Services
- 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 through WOA's 2016 Incubator or CAC Mini Grant funds:

- The CHIP's Increase the Timeliness of Prenatal Care's subcommittee is working with Bright Eyes Midwifery and Wild Rivers Women's Health, LLC to implement OKQ. In support from WOA, Bright Eyes Midwifery and Wild Rivers Women's Health plans to implement OKQ to primary care and student based health clinics throughout Curry County with a goal of making women and families healthier and ensure pregnancies are wanted, planned and healthy as possible.
- The CCO funded a proposal for Curry Health Network to hire a Quality Improvement Specialist to oversee the ambulatory services quality improvement program and partner with practices to implement a team-based model. Portland State University's study on the OHA PCPCH program stated an essential component of the model was team-based care (Portland State University Completes Evaluation of PCPCH, 2016). CHIP Access subcommittee is working with Curry County providers in achieving the 2017 PCPCH recognition through a PCPCH learning collaborative.
- CCH has been a delegate of WOA since 2013 in providing integrated care services to the residents of Curry County. Through the incubator funding CCH will be providing behavioral health education to current staff in order to provide care to children under the age of 12.

Additional community initiatives include:

- The CCO continues to support CCH in an evidence-based Children's Wraparound Program, consistent with fidelity requirements.
- 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 SWOCC in partnership with Oregon State University (OSU). THCW will work in different health care and social service organizations throughout Curry County, which some will focus on ages of prenatal 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:

- The CCO is engaged with the SCREL and has cross membership with the CAC.
- The Ready to Smile program offers preventive dental services for children in Kindergarten through 8th grade in public, private, and home schools.
- CCH operates a school-based health center on the campus of Brookings-Harbor high school and offers such integrated services as physical and behavioral health.
- CCH, through the To Be Healthy (TBH) project sponsored by WOA, aims to increase the number of adolescent well-care visits in Curry County to meet the OHA benchmark for 2016 (61.9). Services include well-care visits, immunizations, age appropriate Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Center for Adolescent

Substance Abuse Research (CRAFT) screening, fluoride treatments, and sports physicals.

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 in order to advance health equity through the ongoing implementation of the CCO's Transformation Plan and CHIP. A few focal areas include:

- The CCO financially supported the first Traditional Health Care Worker training provided by SWOCC and Oregon State University in the Spring 2017. Three CCO staff members attended this training and one CAC and CHIP member, who is also a participant of the local PAC that is supported by CCH. Other participants of the training included Advantage Dental and Curry Community Health.
- 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 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 accessed the Curry County Community Health Assessment, 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.

- 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 adopted concurrent use of opioids and benzodiazepines as a Performance Improvement Project. This metric compares per capita, concurrent utilization of these drugs in Curry County to utilization across Oregon. This 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 Curry County and Oregon.

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

WOAH monitors claims data for signs of health disparities. WOA 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 Curry County. Community partners, including the CCO will be forming a work group to determine the feasibility of starting an Equity Coalition in Curry and Coos Counties.
- The CCO’s customer service staff work with Translink 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 Coos County 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. Curry CAC, CHIP, and community members attended the summit.
- The Curry and Coos CACs 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 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 population.
- In addition, filling a vacancy for a public health official has been a challenge. A new public health administrator has been hired and will attend a CAC meeting in May 2017 with a goal of membership.

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.

- CCH and their sub-contractors provide mental health services to residents of Curry

County. CCH is also the delegated mental health provider of mental health services for OHP members within the county under an agreement with WOA. H.

- Mental health services offered through CCH include but are not limited to diagnostic, bio-psychosocial assessments, treatment planning, individual and group therapy, psychiatric services including medication management, children's services, Early Assessment & Support Alliance (EASA), 24/7 crisis response services, case management, supported employment, supported housing, and a clubhouse for peer drop-in-center support services for individuals working on recovery from mental illness and addiction.
- In addition, the CCH Chief Executive Officer is a member of the WOA. H. Board of Directors. Also, the CCH Prevention Coordinator is a member of the CHIP Prevention & Services subcommittee with a focus on youth services. The Prevention Coordinator will be leading the development of the Gold Beach YAC in 2017.

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 – PCPCH is aligned with the CHIP Communication and Benefits subcommittee initiative.
- The CCO's Transformation Plan, Benchmark 4 – Community Health Assessments & Improvement specifically aligns with the CAC, CHA, and CHIP. In partnership with CCH and other community partners the Curry CHA will be updated in 2018. With this updated plan, the CAC will review the Transformation and Quality Plans, and the Performance Improvement Projects when evaluating the CHIP's ongoing work.
- The CCO's Transformation Plan, Benchmark 6 – Meeting Cultural, Linguistic, & Health Literacy Needs 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 Communication and Benefits subcommittee that is working with providers on PCPCH recognition.
- The CCO's Performance Improvement Project – Improving perinatal & maternity care aligns with the CHIP Increase Timeliness of Prenatal Care subcommittee's initiative of the implementation of OKQ.
- The CCO's Quality Incentive Measures of Access to Care, Satisfaction with Care, Effective Contraceptive Use, PCPCH enrollment, Timeliness of Prenatal Care all align with CHIP subcommittee initiatives.
- One of the CAC and CHIP subcommittee members is attending the first THCW training that WOA. H. 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 priorities listed below are also addressed in the CHP.

- Tobacco*
- Obesity*
- Oral health*
- Substance use*
- 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:

- Slow the increase of obesity – the CCO CHIP Healthy Foods & Lifestyles subcommittee is working on initiatives that align with this state priority.
- Improve oral health – the CCO CHIP School Based Prevention Services subcommittee partners with Advantage Dental to provide fluoride treatment, oral hygiene education, and toothbrushes, floss, and toothpaste at the TBH events.
- Prevent deaths from suicide – the CCO CHIP Prevention & Services 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 in Curry and Coos Counties.
- 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 supports and guides 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 CCO holds benefit education meetings for new and established OHP members. These meetings are design to discuss transportation, second opinion; physical, oral, mental, and behavioral health benefits to name a few.
- 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. In addition, the Ready to Smile program (through Coos Health and Wellness and Advantage Dental) is offered in schools that serves children in grades Kindergarten through eighth grade. 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 to name a few.

Appendix B: Acronyms

BIP – Biennial Improvement Plan

CAC – Community Advisory Council

CCH – Curry Community Health

CCO – Coordinated Care Organization

CHA – Community Health Assessment

CHIP – Community Health Improvement Plan

CRAFFT – Center for Adolescent Substance Abuse Research

DCO – Dental Care Organization

DHS – Department of Human Services

LMHA – Local Mental Health Authority

OAR – Oregon Administrative Rules

OHP – Oregon Health Plan

OKQ – One Key Question®

SBHC – School Based Health Center

SBHS – School Based Health Services

SBIRT – Screening, Brief Intervention, and Referral to Treatment

SCREL – South Coast Regional Early Learning Hub

SMART – Specific, Measurable, Actionable, Realistic, Time-bound

SWOCC – Southwestern Oregon Community College

WOAH – Western Oregon Advanced Health

YAC – Youth Advisory Council

Appendix C: Curry County Community Advisory Council Charter

Western Oregon Advanced Health
Curry County Community Advisory Council Charter

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

will include representatives of the Curry County community and of county government services.

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

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

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

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

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

Terms:

- Each membership appointment is for three years. Appointments for members can be renewed for those in good standing.

- The Chair and Vice-Chair positions serve both the CAC and CHIP Steering Committee
- The Chair and Vice-Chair appointments are for one calendar year

Recruitment: Non-member 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-member members, with the consent of those nominated.

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

1. Members will be invited to participate in the CAC in the capacity of a guest.
2. Member guests who attend 1-3 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 CAC for final approval.

Member members are eligible to be paid a stipend for each CAC meeting they attend. The amount of the stipend is determined by WOA and is a set amount for each member.

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

If a CAC member misses 3 or more consecutive meetings, the CAC Coordinator, or designee, will attempt to reach them two times to inquire as to whether the CAC member would like to continue to serve on the CAC. If the CAC member does not respond to the CAC Coordinator, or designee, then the issue must be brought to

	<p>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 these By-Laws.</p> <p>Fifty-one percent (51%) shall constitute a quorum.</p> <p>The CAC shall strive to create a safe and comfortable atmosphere for individuals to share their experiences, opinions and ideas regarding the delivery of health services and related issues involving WOA, contracted health providers and partner organizations.</p> <p>Individual members must 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.</p> <p>In order to meet its main objectives, the CAC is generally not able to resolve individual issues regarding the Health Plan, specific providers or services but instead will attend to the larger systemic issues that may be exemplified by the specific example. The resolution of the individual concern will be referred to WOA's customer service representatives.</p> <p>The CAC is responsible for reporting to the WOA Board at least quarterly. The report can be done in-person by an appointed CAC member, or CCO staff member, or provided in written format.</p>
Meeting Frequency:	Monthly
Review Charter:	Yearly
Date(s) Revised:	1/21/2016, 3/16/2017