Eastern Oregon Coordinated Care Organization
Community Health Improvement Plan

Updated June 30, 2016

Introduction

In 2010, the President of the United States signed the Affordable Care Act (ACA) into law with the goal of making healthcare more available and better managed. The law strives to achieve the Triple Aim: better health for all, better quality services and lower costs. The State of Oregon applied for a Medicaid Waiver to create its own plan to meet the Triple Aim. This plan uses Coordinated Care Organizations (CCOs) with the goal to deliver better care and lower costs across the state.

With the mission of the Triple Aim in mind, the Oregon Health Authority (OHA) recommended that each CCO to conduct a Community Health Assessment (CHA) and create a Community Health Improvement Plan (CHIP) to assess the needs and service gaps in each community across the state. The Eastern Oregon Coordinated Care Organization (EOCCO) CHIP is the outcome of all 12 Local Community Advisory Councils (LCACs) and meets the OHA's request. The EOCCO Regional Community Advisory Council (RCAC) developed this CHIP. RCAC membership includes two members from each of the 12 LCACs appointed by the EOCCO Board of Directors as well as the chairperson of each LCAC and a government official (usually a county commissioner or court member).

In July of 2014, less than a year after the formation of CCOs, the RCAC provided the Regional CHIP to the OHA. Now that there is a more established understanding of the CCO's role from theory to practice, the EOCCO agreed to provide the OHA with a more recently updated CHIP with the intent to guide activities until 2018.

Members of the EOCCO RCAC

Officers

Chair: Megan Gomeza (Malheur County)
Vice chair: Vacant
Secretary: Sheree Smith (Morrow County)

Members

Marji Lind (Baker County)
Robin Nudd (Baker County)
Steve Shaffer (Gilliam County)
Vicki Winters (Gilliam County)
Chris Labhart (Grant County)
Greg Armstrong (Grant County)
Pete Runnels (Harney County)
Darbie Kemper (Harney County)
Charlie Tveit (Lake County)
Ken Kestner (Lake County)
Maria Vargas (Malheur County)
Terry Tallman (Morrow County)
Mike Smith (Sherman County)
Caitlin Blagg (Sherman County)
George Murdock (Umatilla County)
Catie Brenaman (Umatilla County)
Jack Howard (Union County)
Bob Coulter (Union County)
Pepper McColgan (Wallowa County)
Bridget Brown (Wallowa County)
Lynn Morley (Wheeler County)
Candy Humphreys (Wheeler County)

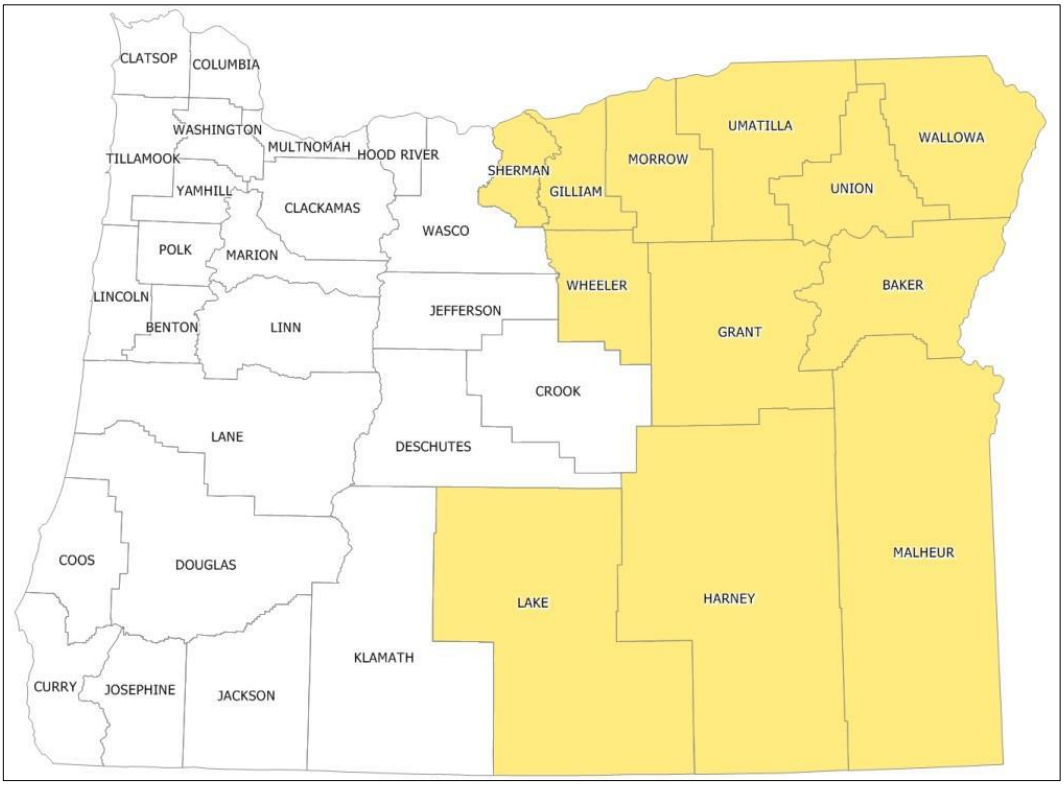
Funding

The RCAC understands that a variety of funding sources will be required to support CHIP implementation. These resources include funds generated by the Eastern Oregon Healthy Living Alliance (EOHLA) a private non-profit 501c3 organization, created by the RCAC in 2014. EOCCO contributions and where possible, private foundations and donors can also be used to support CHIP implementation. Activities in this CHIP will be carried out by using existing staff support, partner organizations and community volunteers.

EOCCO Service Area

The EOCCO service area includes 12 counties varying in population from 1,440 to 78,340. This vast territory covers almost 50,000 square miles (roughly the size of the state of New York) with a total population of 198,895. As of May 1, 2016, there were 46,361 EOCCO plan members in the service area representing 23.3% of the entire service area population. Ten of the 12 counties are considered "frontier," meaning fewer than six people per square mile inhabit the area. Each county is unique. Each county formed a LCAC and conducted a CHA specific to its county. Each LCAC developed its own CHIP specific to the priorities and needs of that particular county. The Regional CHIP reflects the needs across all 12 counties. Each individual LCAC CHIP and its associated CHA can be found at www.eocco.com/community/chas-chips.shtml.

Figure 1: Map of EOCCO Service Area



EOCCO CHA and CHIP Processes

Each LCAC updated their CHAs using data sources that expressed recent (2015) demographic, socioeconomic, and health status data. Additional data that was also reviewed as part of the CHA update that was NOT available in 2014 included: *Medicaid Behavioral Risk Factor Surveillance System (M-BRFSS)* data for Oregon, a 2014 vs. 2015 EOCCO plan member expenditure breakdown *Cost and Utilization Report* for each county, *Oregon Housing Alliance* breakdown of affordable housing by county, poverty specific data by county from *Community in Action*, and EOCCO Incentive Measure progress by county. Disparity data (white vs. non-white) was also included and shared with the LCACs, when available. The EOCCO was able to run cross-reports regarding the shared metrics between Early Learning Hubs and CCOs, which include: percentage of children age 0-6 assigned to a Patient Centered Primary Care Home (PCPCH) and developmental screenings for children (0-36 months). These additional

data sets provided a more comprehensive assessment of the communities in each county as well as the EOCCO population and health improvement as they relate to the social determinants of health.

Between 2013 and early 2014, each LCAC prepared a CHA using various strategies to mix quantitative and qualitative assessments highlighting locally-driven assessments of knowledge sharing, attitudes and beliefs around healthcare coverage and needs. EOCCO plan members assisted with the qualitative assessments in 2014, which included the household survey. According to the survey, 226 people responded that they use the Oregon Health Plan (OHP) for health insurance, while another 268 respondents reported not having any health insurance coverage. Individuals receiving Medicaid were not specifically recorded; however, community members representing all aspects of the population in each county participated in one-on-one interviews, community visioning meetings (using the Nominal Group Technique) and focus groups. Spanish-language focus groups were conducted in Morrow and Malheur County. Morrow County also conducted one-on-one interviews with the Hispanic population. Umatilla County conducted a health assessment specific to the needs of the Hispanic population.

This mixed methodology approach allowed the LCACs to reference these past assessments (2013-2014) review the new quantitative data (mentioned above) and outline priorities in each county's CHA to supplement their approach in updating their CHIP.

EOCCO Plan Membership and Diversity

Consumer and EOCCO plan member engagement on the LCACs has been a priority for LCACs over the past two years. LCACs have focused on recruitment and retention of EOCCO plan members by ensuring that their opinions and desires were reflected during meetings and discussions.

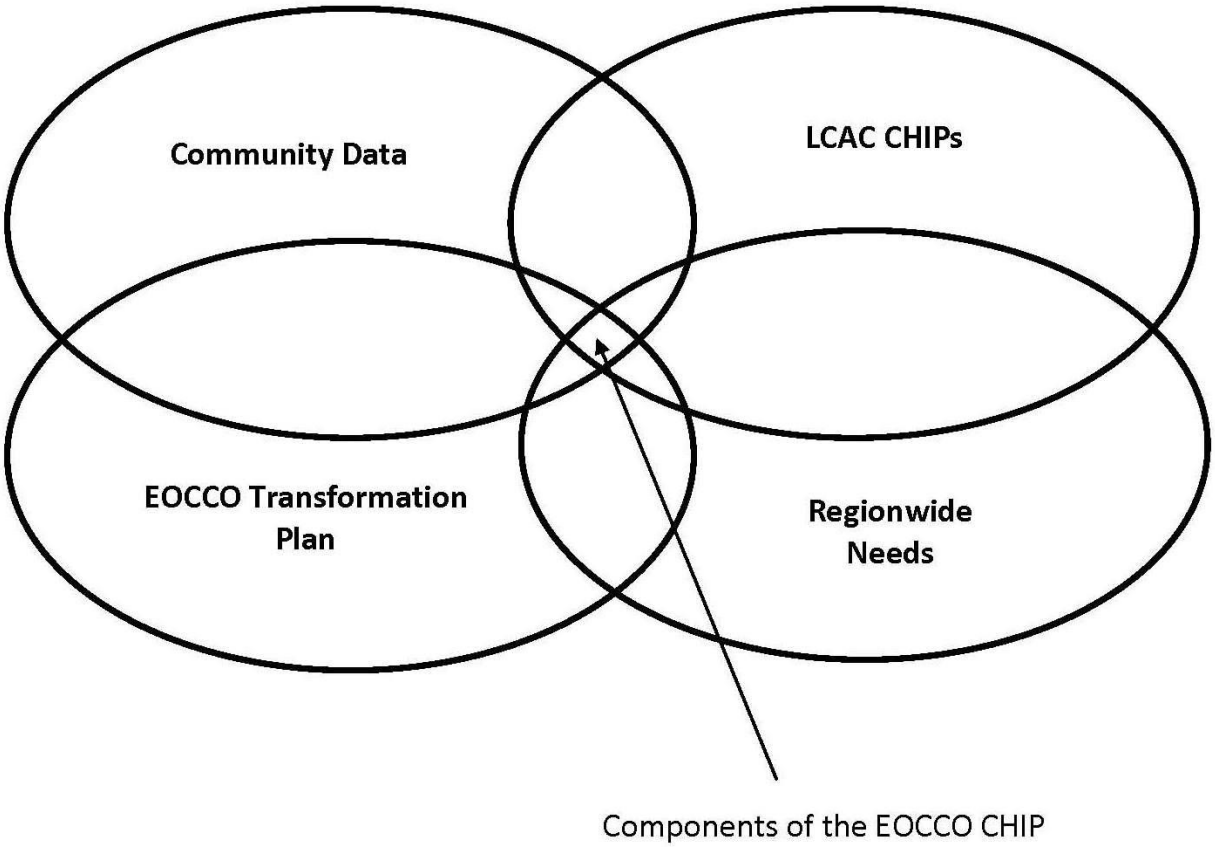
In addition to the diversity of EOCCO plan members representing the consumer, LCACs in all 12 counties also consist of various local and community organizations such as Early Learning Hubs (ELHs), school-based health centers, public health departments, community mental health programs, hospitals and clinics. These local resources have been valued members of the LCACs and their input was taken into consideration when defining priority areas for the CHIP.

Regional Prioritization Process

The challenge in creating the EOCCO CHIP is to find common areas of interest and priority among the 12 diverse counties. The RCAC determined the priorities using audience participation software to rank and select issues. Figure 2 illustrates four major components influential to the development of a comprehensive EOCCO CHIP. A description of each area follows:

- Community Data: Demographics, socioeconomics and health status information, among others.
- LCAC CHIPs: 12 LCAC CHIPs, sorted according to the issues addressed in each one. This sorting allowed the RCAC to see the number of counties that addressed a particular issue and the strategies purposed.
- EOCCO Transformation Plan: Activities required within the EOCCO Transformation Plan.
- Region-wide Needs: RCAC member perceptions and priorities of need.

Figure 2: EOCCO CHIP Areas of Interest and Priority

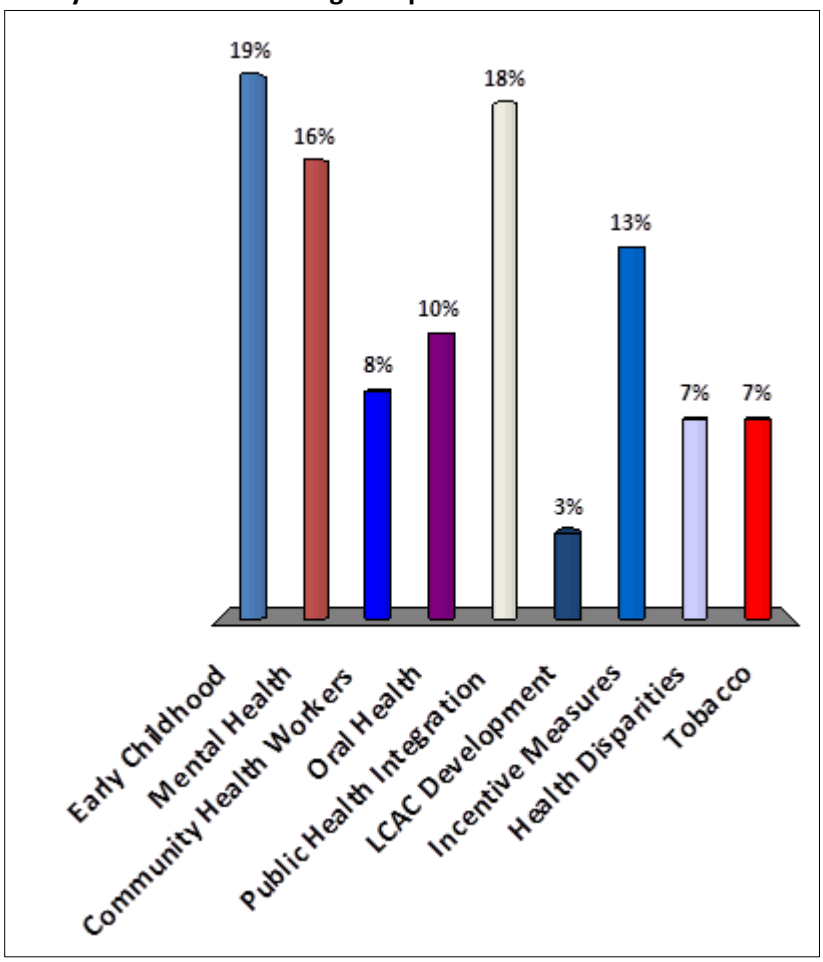


The RCAC selected issues to include in the 2016 EOCCO CHIP. Issues from the 2014 CHIP as well as new issues defined by the LCACs were added to the list and prioritized using Turning Point Technology. The priority order can be found in Table 1 and Graph 1.

Table 1: EOCCO Priority Issues and Weighted Response

Issue	Weighted Response
Early Childhood Prevention and Promotion	130
Public Health Integration	128
Mental Health	110
Incentive Measures	88
Oral Health	68
Community Health Workers	54
Tobacco	52
Health Disparities	48
LCAC Development	22

Graph 1: EOCCO Priority Issues and Percentage Response



EOCCO Regional CHIP

The progress narrative from the 2014 CHIP is included in the sections below. Much of the work continues through activities that are already initiated, or carried forward in the 2016 CHIP as elements that were not initiated in 2014-2015. New activities are also outlined to reflect the changing dynamics of CCOs.

Early Childhood: Progress on Implementation from 2014 CHIP

The March 30, 2015 RCAC meeting was dedicated to allow time for the directors from all five ELHs operating in the EOCCO service area and LCACs to meet and coordinate activities focused on early childhood. As a result of this meeting, the group generated a document displaying cross over elements between the strategic plans of the ELHs and LCAC CHIPs. Turning Point Technology (audience participation software) was used to generate ideas for consistent collaboration at the local and regional levels. Since that meeting, each quarterly RCAC meeting has an agenda item dedicated to ELH progress, and ELH representation on the LCACs is encouraged.

Early Childhood Support: The OHA received a 42-month grant from the Center for Medicare and Medicaid Innovation for its State Innovation Models: Model Testing Initiative (SIM). The SIM grant aims

to support on-going health system transformation and spread Oregon's coordinated care model to other payers. The Center for Human Development was one of the recipients of this SIM award, with the intent to support the EOCCO region's implementation of universal developmental screening. The grant provides for one full-time staff member and resources. While the funding for this grant expires September 2016, the position has been permanently funded by an EOCCO owner (Greater Oregon Behavioral Health, Inc. [GOBHI]). GOBHI/EOCCO Field Team staff has been dedicated to attend ELH meetings and coordinate activities.

PRIORITY AREA: Early Childhood Prevention/Promotion
GOAL: Improve the health outcomes for children ages 0-5 through integrated services.

OBJECTIVE # 1: Coordinate LCAC activities with Early Learning Hubs.

- STRATEGY: Continue system of regular communication and strategic planning with each ELH in the EOCCO region.
- JUSTIFICATION: EOCCO and ELHs are each accountable for similar goals including health and screening.
- EVIDENCE BASE: Collective Impact

ACTION PLAN

Activity	Lead	Measurement	Completion date
Coordinate with hub leaders to attend RCAC meetings to share ELH goals, strategies and information	Linda Watson	Inclusion/communications	Quarterly
Provide data sharing with ELHs	Linda Watson	Updated data sets	Ongoing
Updated reporting to RCAC members of LCAC activities that relate to overlapping metrics strategies	Linda Watson	Documentation/ presentation	Quarterly
Maintain communications through attending ELH governance board and early childhood meetings	Linda Watson	Attendance	As scheduled

OBJECTIVE #2: Improve developmental screening rates for children ages 0-36 months.

- STRATEGY: Continue to use OHA Community Prevention Grant (Healthy Eastern Oregon Project).
- JUSTIFICATION: Although the grant funds end September 30, 2016, the EOCCO has committed funds to continue the effort to improve the developmental screening rates for 0-36 month olds.
- EVIDENCE BASE: https://brightfutures.aap.org; Collective impact

ACTION PLAN

Activity	Lead	Measurement	Completion date
Ages & Stages Questionnaires (ASQ) resources and trainings	Nora Zimmerman	Tracking number of clinics and community-based organization that have received resources	Ongoing

Clinic outreach and support to implement and conduct ASQs	Nora Zimmerman Jill Boyd	Incentive measure target rates	Ongoing
Identify primary care gaps in ASQ delivery and/or documentation	Nora Zimmerman Jill Boyd	Incentive measure target rates and clinic-specific data	Ongoing
Support LCAC efforts to increase developmental screenings	Nora Zimmerman	Incentive measure target rates	Ongoing
Maintain communication with state around development of systems that include nurse home-visiting and early learning teams	Nora Zimmerman	Number of ASQs conducted by public health and early learning programs	Ongoing

OBJECTIVE #3: Increase prenatal care.

- STRATEGY: Strengthen partnership with public health for nurse-based home visiting using OHA Community Prevention Grant (Healthy Eastern Oregon Project).
- JUSTIFICATION: Nurse-based home visiting increases parental engagement and follow-through on doctors' recommendations for high-risk groups related to prenatal care, case management and care coordination.
- EVIDENCE BASE: Nurse Family Partnership evaluation results

ACTION PLAN

Activity	Lead	Measurement	Completion date
Partner with EOHLA and county partners to conduct depression screens through in-home visiting	Nora Zimmerman John Adams	County interest and capacity	August 2016
Public health outreach and support	Nora Zimmerman	Determine number of ASQs delivered through public health departments by county and program	September 2016
Identify number of nurse home visitors by county and program	Nora Zimmerman	Number of nurse home visitors by county and program	August 2016
Identify number of home visits conducted by public health departments in each county	Nora Zimmerman	Number of home visits conducted by each county's public health department and by program	September 2016
Coordinate collaboration meeting(s) between public health and mental health	Nora Zimmerman	Hold the meeting(s)	September2016 and December 2016

OBJECTIVE #4: Increase immunization rates.

- STRATEGY: Increase the number of children fully immunized by age 3.
- JUSTIFICATION: CCO Incentive Measure. According to the US Department of Health and Human Services, for each U.S. birth cohort, routine vaccination during childhood prevents approximately 33,000 deaths and 14 million cases of vaccine-preventable disease, reduces direct healthcare costs by $9.9 billion, and saves $33.4 billion in indirect costs.
- EVIDENCE BASE: United States Preventive Services Task Force and Centers for Disease Control; Oregon Health Authority CCO Resource Guide-Strategies to Improve Immunization Rates

ACTION PLAN

Activity	Lead	Measurement	Completion date
Routinely monitor immunization rates	Nora Zimmerman	Incentive measure target rates	Ongoing
In partnership with Moda Health, share information about CCO's rates with primary care and public health	Nora Zimmerman	More outreach with public health and primary care to improve the metrics. Incentive measure target rates.	Ongoing
Assist in assessment and implementation of quality improvement strategies	Nora Zimmerman	Incentive measure target rates	Ongoing
Promotion and collaboration with LCAC around community education regarding early childhood immunizations	Nora Zimmerman	Incentive measure target rates	Ongoing
Support efforts to implement evidence-based legislation and policy	Nora Zimmerman	Incentive measure target rates	Ongoing

<u>Public Health Integration: Progress on Implementation of 2014 CHIP</u>

Members of the EOCCO and the directors from 11 public health agencies (North Central Public Health District serves two EOCCO counties) met to discuss targeted case management, however, OHA delayed this conversation based on the need to define more targeted requirement for case management. Living Well with Chronic Illness and the National Diabetes Prevention Program classes were implemented across the 12 county region using funding from a Moda Foundation grant which included funds for "train the trainer" classes.

PRIORITY AREA: Public Health Integration (Chronic Disease Management)
GOAL: Provide enhanced alignment between public health services and EOCCO activities for population health management.

OBJECTIVE #1: Coordinate services to prevent and treat chronic health conditions in children.

- STRATEGY: Strengthen relationships between public health home-visiting programs and primary care physicians for clients jointly served through WIC, CaCoon and Babies First to increase care coordination and use of public health programs.
- JUSTIFICATION: Public health provides in-home services for children with special healthcare needs that can enhance the primary care treatment plan and health outcomes. WIC staff and home-visiting nurses provide information on and access to nutritional food choices, decreasing the risks for obesity and diabetes.
- EVIDENCE BASE: Nurse Home Visiting Waiver

ACTION PLAN

Activity	Lead	Measurement	Completion date
Conduct outreach plan to physicians about the availability, services and effectiveness of partnering with public health programs	Nora Zimmerman	Number of enrollees with special healthcare needs enrolled in public health programs	July 2017
Improve coordination, collaboration, and communication between nurse home-visiting programs, primary care providers, and Early Learning Hubs and state partners	Nora Zimmerman	Number of enrollees with special healthcare needs enrolled in public health programs	Ongoing
Promote increased collaboration and coordination among OHA, CCO, Oregon Department of Human Services, Oregon Department of Education's Early Learning Division, and community-based organizations.	Nora Zimmerman	Number of enrollees with special healthcare needs enrolled in public health programs	Ongoing

OBJECTIVE # 2: Create systems for formal interaction between public health and EOCCO.

- STRATEGY: Create Public Health Advisory function for EOCCO.
- JUSTIFICATION: Public health and EOCCO serve common high-risk populations, though local coordination among primary care and public health services varies widely throughout the EOCCO region. Many of the EOCCO goals and priorities are consistent with the expertise and existing programming provided through public health.
- EVIDENCE BASE: Collective impact

ACTION PLAN

Activity	Lead	Measurement	Completion date
Convene public health administrators from EOCCO region around common work areas (e.g., developmental screening, home visiting, etc.)	Paul McGinnis Public Health Administrators in EOCCO region		
Develop action plan for care coordination for specific target populations, to be determined (e.g., diabetic patients)	Paul McGinnis		

OBJECTIVE # 3: Emphasize Living Well with Chronic Conditions

- STRATEGY: Encourage better use of existing Living Well with Chronic Conditions education programs, including *Tomando Control* for Spanish speakers.
- JUSTIFICATION: The burden of chronic disease is extensive in the EOCCO area, with high numbers of residents self-reporting at least one of the following chronic diseases: high blood pressure, high cholesterol, arthritis, diabetes or depression/anxiety. Individuals trained under a prior grant are available.
- EVIDENCE BASE: http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/LivingWell/Pages/Index.aspx

ACTION PLAN

Activity	Lead	Measurement	Completion date
Identify Living Well programs and certified trainers in each county	12 County LCACs Nora Zimmerman	Report on active programs (20 people representing 8 counties have completed LW training)	January 2017
Community Health Workers can deliver evidence-based education in group settings. Encourage Community Health Workers to become Living Well leaders	Charlotte Dudley Oregon State University NEON Family Advocates Institute for Professional Care and Education (IPCE)	Number of CHWs trained as Living Well leaders	Ongoing
Remind primary care	Jill Boyd	Contact with primary care	Ongoing as needed

providers and their care coordinators of the resource and encourage referrals	Carissa Bishop Paul McGinnis	clinics	
Conduct Living Well classes	Living Well Leaders	Number of classes and participants	Ongoing

OBJECTIVE # 4: Implement National Diabetes Prevention Program.

- STRATEGY: Provide education to reduce the number of new diabetics.
- JUSTIFICATION: Individuals trained under a prior grant are available.
- EVIDENCE BASE: http://www.cdc.gov/DIABETES/prevention/index.htm

ACTION PLAN

Activity	Lead	Measurement	Completion date
Identify existing NDPP trained leaders Invite program representatives to speak to LCACs to describe program	LCACs Charlotte Dudley	Report and number of presentations to LCACs 27 people completed the NDPP training. They represent 10 counties	January 2017
Community Health Workers can deliver evidence-based education in group settings. Encourage Community Health Workers to become National Diabetes Prevention Program (NDPP) coaches/ leaders	Charlotte Dudley Oregon State University NEON Family Advocates IPCE	Number of CHWs trained as NDPP coaches / leaders	Ongoing
Remind primary care providers and their care coordinators about the resource and encourage referrals	Jill Boyd Carissa Bishop Paul McGinnis	Contact with primary care clinics	Ongoing as needed
Conduct National Diabetes Prevention classes	NDPP Coaches/ Leaders	Number of classes and participants	Ongoing

Mental Health: Progress on Implementation of 2014 CHIP

Mental Health First Aid training has been identified as an important training priority for community members. Funding has been secured through the OHA CHIP Implementation Grant on behalf of the EOHLA to provide Youth, Adult and Law Enforcement Mental Health First Aid training to teachers and law enforcement in targeted areas of Eastern Oregon. GOBHI has certified trainers and is willing to partner with EOHLA to serve these requests. The EOCCO, with managed contracts through GOBHI, has offered Tier 3 PCPCHs an additional $2 per member per month contract to increase integration of mental/behavioral services delivered in the primary care setting.

PRIORITY AREA: Mental Health
GOAL: Improve the skill sets of residents of EOCCO to recognize and seek treatment (or encourage others) for mental health issues.

OBJECTIVE #1: Provide mental health/prevention education.

- STRATEGY: Create, develop and implement collaborative partnerships with education systems, public safety, public health, mental health, faith-based organizations/groups and other community entities in providing awareness of Mental Health First Aid.
- JUSTIFICATION: Mental Health First Aid is a public education program that helps the public identify, understand and respond to signs of mental illness and substance abuse disorders.
- EVIDENCE BASE: Substance Abuse and Mental Health Service Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices
  For more information about the Mental Health First Aid program, please visit: aocmhp.org/mhfaor www.mentalhealthfirstaid.org

ACTION PLAN

Activity	Lead	Measurement	Completion date
Promote Mental Health First Aid/Youth Mental Health First Aid and partner with National Mental Health Certified Instructors to conduct trainings with school districts, law enforcement and community partners throughout EOCCO	Erin Rust Linda Watson	Track number of individuals who become certified in Adult/Youth Mental Health First Aid	Ongoing
EOHLA grant support to provide funds to paying teachers and law enforcement substitute time to attend Youth Mental Health First Aid trainings	Erin Rust John Adams	Track number of individuals who become certified Youth Mental Health First Aiders	October 2016

OBJECTIVE #2: Encourage integration of mental health/behavioral health and physical health.

- STRATEGY: Increase knowledge-base and receptivity to EOCCO incentive structure for primary care practices who are recognized Patient-Centered Primary Care Homes (PCPCH), specifically with a strong focus on mental and behavioral health integration/co-management.
- JUSTIFICATION: PCPCH Program aligns with the focus of the Triple Aim towards better care, better population health and lowering healthcare costs. State and federal incentive programs focused on coordination and integration also serve as external drivers for practice transformation.
- EVIDENCE BASE: Oregon PCPCH Program Policy Background and Program Development; evidence from the Safety Net Medical Home Initiative demonstration project

ACTION PLAN

Activity	Lead	Measurement	Completion date
Use OHA Technical	OHA Technical	Report Generated	October 2016

Assistance Resources to conduct an environmental assessment of levels of integration currently in process in 8 larger EOCCO primary care practices	Assistance Bank Jill Boyd (Facilitation Support)		
Conduct an inventory of GOBHI resources available to provide technical assistance to communities to promote integration	Jill Boyd	Report Generated	October 2016
Support a Learning Collaborative to share learnings on Behavioral Health Integration	GOBHI	Collaborative Started	January 2017
Provide data analytics combining individual patient physical, mental health, and oral health utilization to identify those patients consuming high levels of health expenditures who have high mental and physical health needs	Ari Wagner Jill Boyd Carissa Bishop Paul McGinnis	Number of data sets analyzed through use of statistical software and the number of meetings held jointly between primary care providers and mental health professionals	Ongoing
Facilitate planning between primary care and mental health around "hot spotting" patient data	Ari Wagner Jill Boyd Carissa Bishop Paul McGinnis	Establishment of care plans	Ongoing
Continue to offer enhanced payments to PCPCHs that use the local community mental health program to provide services in primary care settings	GOBHI (Facilitated by Jill Boyd and Paul McGinnis) Henry O'Keefe	Number of new contracts	Ongoing

OBJECTIVE #3: Reduce community stigma.

- STRATEGY: Work with local faith community leaders to educate the communities they serve about mental health issues and encourage them to seek care when needed.
- JUSTIFICATION: Significant response to Household Survey question related to mental health or substance abuse treatment "t*hinking about the past six months, was there a time when you or someone in your household needed treatment for mental health or substance abuse?"* only 7 percent responded "yes." However, 28 percent responded "several days, more than half or every day" to this question: "In the past two weeks, how often have you been bothered by little interest or pleasure in doing things?" Further, 26 percent responded "several days, more than half or every day" to the question: "In the past two weeks, how often have you been bothered by feeling down,

depressed or hopeless?".

- EVIDENCE BASE: Depression treatment preferences for older rural adults; SAMHSA Faith-based and community initiatives for the reduction of substance abuse and support mental health services. Clinical Gerontologist. 2013;36(3). doi: 10.1080/07317115.2013.767872. **Depression Treatment Among Rural Older Adults: Preferences and Factors Influencing Future Service Use.** Kitchen KA, McKibbin CL, Wykes TL, Lee AA, Carrico CP, McConnell KA.

ACTION PLAN

Activity	Lead	Measurement	Completion date
Work with clergy to develop information packet for community faith leaders (talking points, education material, resource sheet)	GOBHI/EOCCO Field Team	Document produced	November 2016
Coordinate with LCACs and faith community associations and fellowships in each county to encourage the use of the Mental Health Information Resource Packet to get their members to seek help if needed	LCAC	Number of meetings	March 2017
Promote faith community events and activities during the National Mental Health Awareness Month (May 2017)	Clergy	Number of events or sermons given	May 2017

Community Health Workers (CHW): Progress on Implementation of 2014 CHIP

The EOCCO has supported the role of Community Health Workers through dedicated funding from the 2014 Incentive Measure Withhold. State certified Community Health Workers can now submit billing claims for services in the EOCCO 12 county region. The EOCCO has also contracted with the Oregon State University School of Public Health to develop a comprehensive, predominantly web-based CHW Training Program. The trainings will be offered on a regular basis and the web-based nature will allow for more remote training opportunities. In addition, several Transformation Grants supported by the EOCCO highlight the services of Community Health Workers throughout the region.

PRIORITY AREA: Community Health Workers

GOAL: To promote the utilization of trained state-certified Community Health Workers throughout the region.

OBJECTIVE #1: Support training of community health workers.

- STRATEGY: Use existing training resources such as Oregon State University, Northeast Oregon Network (NEON) and Family Advocates to increase the number of community health workers.
- JUSTIFICATION: CHWs apply a broad range of skills to provide holistic or wrap-around services to

community members. They provide assistance to community members in variety of settings with a focus on where the community member is comfortable (e.g. a home visit, the library, in a coffee shop, etc.). CHWs are involved in providing equitable and culturally responsive access to information and services for historically disenfranchised populations and individuals.

- EVIDENCE BASE: OHA CHW certification requirements

ACTION PLAN

Activity	Lead	Measurement	Completion date
Work with LCACs to promote training opportunities provided by Oregon State University, NEON and Family Advocates throughout the EOCCO region	GOBHI/EOCCO Field Team staff assigned with each LCAC Oregon State University NEON Family Advocates IPCE	Number of trainings and individual participants Number of organizations that are able to bill for services	Ongoing
Work with LCACs to promote continuing education requirements for community health workers	GOBHI/EOCCO Field Team staff assigned with each LCAC Oregon State University NEON Family Advocates IPCE	Number of trainings and individual participants Number of organizations that are able to bill for services	Ongoing

OBJECTIVE# 2: Assist in creating financially viable and sustainable community health worker positions.

- STRATEGY: Promote exiting EOCCO payment reimbursement.
- JUSTIFICATION: Billing and collection of payments for services by EOCCO to enhance sustainability of workforce in rural/frontier communities.
- EVIDENCE BASE: Self sufficiency

ACTION PLAN

Activity	Lead	Measurement	Completion date
Monitor claims submitted by community health workers to EOCCO for services provided	Moda Health Data Analytics EOCCO Field Team	A report of claims processed by county every four months	Ongoing
Serve as a liaison between community health workers and EOCCO for identification of issues regarding billing	Charlotte Dudley	Written communications to Moda Health	As needed; ongoing
Conduct an annual webinar with community health workers to gain further insight on issues of implementation	Charlotte Dudley and representatives from Oregon State University, NEON and Family Advocates IPCE	Webinars conducted and numbers of participants	Annually beginning in January 2017

OBJECTIVE #3: Measurement of community health worker impact on expenditures.

- STRATEGY: Partner with Moda Health's Data Analytics team and Arcadia to collect expenditure data on specific patients.
- JUSTIFICATION: Community health worker program supervisors and EOCCO should understand the financial impact of expenditures on patient health outcomes.
- EVIDENCE BASE: Cost benefit analysis

ACTION PLAN

Activity	Lead	Measurement	Completion date
Use claims data to identify patient who use CHW services and monitor individual health expenditure trends	Paul McGinnis and Moda Health's Data Analytics Team	Pre and post expenditures of individual patients	Semi-Annually beginning in January 2017
Encourage the use of CHWs to manage moderate risk patients using "hot spotting" analysis of data	Jill Boyd Carissa Bishop Paul McGinnis	Cross reference the number of mental health/ primary care teams using community health workers and expenditures of individual patients to develop cost/benefit analysis of CHWs	Ongoing

Oral Health: Progress on Implementation of 2014 CHIP

Advantage Dental has taken the lead in this area as the major Dental Care Organization (DCO) serving 37,226 of the 46,211 dental EOCCO plan members. They have offered, and continue to offer First Tooth training in primary care and public health. Advantage also provides ongoing, school-based services throughout the EOCCO region, including dental screenings, fluoride treatment and dental sealants. Advantage is also involved in Community-Based Participatory Research through an application for "virtual dental services."

PRIORITY AREA: Oral Health

GOAL: Improve oral health for toddlers, children and adolescents under the age of 21.

OBJECTIVE #1: Implement First Tooth Project

- STRATEGY: Use primary care clinicians to provide preventive oral health services to children ages 0–36 months. Services may also be provided by WIC workers, Head Start staff, etc.
- JUSTIFICATION: In 2012 only 15 percent of all children ages 0–23 months received preventive services from dental care organizations in Oregon.
- EVIDENCE BASE: Children see primary care providers during well-child visits, and that is the time to deliver oral healthcare; First Tooth Project: http://public.health.oregon.gov/preventionwellness/oralhealth/firsttooth/pages/index.aspx.

ACTION PLAN

Activity	Lead	Measurement	Completion date
Create awareness of First Tooth Project trainings	Advantage Dental, ODS, and Capitol Dental Charlotte Dudley	Number of trainings administered based on awareness campaigns sent out	Ongoing

Recruit primary care providers to participate in First Tooth trainings	LCACs Jill Boyd Paul McGinnis	Number of primary care practices trained	Ongoing
Conduct trainings for providers, including staff members at WIC and Head Start	Advantage Dental, ODS, and Capitol Dental	Number of trainings administered for First Tooth Project	Ongoing

OBJECTIVE #2: Conduct oral health screenings and education in schools grades K-12.

- STRATEGY: To conduct oral screenings in schools.
- JUSTIFICATION: Most children and adolescents are in schools; new legislation requires oral health screening in schools ; Early treatment and services prevents tooth decay.
- EVIDENCE BASE: United States Preventive Services Task Force; fluoridealert.org/researchers/states/oregon/

ACTION PLAN

Activity	Lead	Measurement	Completion date
Establish Memorandum of Understanding between school districts and Advantage Dental	Advantage Dental / EOHLA and school districts	Number of schools under agreement and percentage of children assigned to those schools by county	Annually
Conduct screenings and assess each child's needs into good, needs referral, needs immediate referral	Advantage Dental	Number of children screened and data collection describing oral health status by county	Annually
Provide oral health education and supplies	Advantage Dental	Number of children given education and supplies	Annually

OBJECTIVE #3: Apply fluoride varnish and dental sealants

- STRATEGY: While assessing oral health status, provide needed preventive services.
- JUSTIFICATION: Dental sealants are an incentive measure.
- EVIDENCE BASE: Fluoride and sealants prevent decay.

ACTION PLAN

Activity	Lead	Measurement	Completion date
Service delivery requires an "active consent" from parents. Promote participation	LCACs Advantage Dental	Percentage of active consent forms returned	Every Fall
Apply fluoride varnish	Advantage Dental	Number of children receiving fluoride treatment	Annually
Apply dental sealants	Advantage Dental	Number of children/adolescents receiving sealants	Annually

PRIORITY AREA: Social Determinants of Health
GOAL: To emphasize and introduce the concepts that health status is closely tied to housing, transportation, education and socioeconomic status.

OBJECTIVE # 1: Improve affordable housing opportunities.

- STRATEGY: Provide education about housing programs statewide and rental assistance for high needs EOCCO plan members.
- JUSTIFICATION: Housing is part of the new waiver proposed by OHA to Centers for Medicaid and Medicare Services.
- EVIDENCE BASE: Collective impact

ACTION PLAN

Activity	Lead	Measurement	Completion date
Provide LCACs with updated data sheets from the Oregon Housing Alliance	LCAC Staff	Presentations	As available
Dedicate a portion of an RCAC meeting annually to staff from the Oregon Housing and Community Services	Troy Soenen	Presentations at RCAC	September 2016 and 2017
Conduct a regional Health and Housing Forum with staff from Oregon Housing and Community Services; LIFT Program	Troy Soenen	Forum Held	June 2017
Provide LCACs with information about rental assistance programs provided through GOBHI	Dan Schwanz	Presentations to LCACs	Annually

OBJECTIVE #2: Improve use of non-emergency transportation service.

- STRATEGY: Collect utilization data and share.
- JUSTIFICATION: Improved awareness of how to use the service.
- EVIDENCE BASE: Transportation is a barrier to accessing services

ACTION PLAN

Activity	Lead	Measurement	Completion date
Create a utilization presentation	Dan Schwanz	Data Set Created	January 2017
Present information to LCACs	Dan Schwanz	Presentations	January to June 2017
Seek LCAC and consumer involvement in promoting use of non-emergency transportation	LCAC Staff	Materials created	June 2017

PRIORITY AREA: School-based Services
GOAL: To better coordinate health services delivered in the school setting.

OBJECTIVE #1: Improve knowledge of and coordination of services provided in school setting.

- STRATEGY: Assess services delivered in school settings.
- JUSTIFICATION: Levels of services are being provided in schools is not quantified.
- EVIDENCE BASE: Collective Impact

ACTION PLAN

Activity	Lead	Measurement	Completion date
Identify school districts in EOCCO service area employing an RN level school nurse and funding source for the position	Jamie Smith, OHA School Nurse Consultant Paul McGinnis	Report	June 2017
Create measurement system on the effectiveness of school-based mental counseling positions	Erin Rust	Tool Created; results shared	June 2017
Provide presentation on the status of any local School-based Health Centers to the LCAC	LCAC Support Staff	Presentations	Annually

LCAC Development: Progress on Implementation of 2014 CHIP

The Regional CAC members have dedicated a significant amount of time and energy to increase EOCCO plan membership on the LCACs, beginning with a training from the OHA Technical Assistance Bank during the RCAC meeting on December 22, 2014. Each of the LCAC representatives at the RCAC meeting brought information back to their LCAC with the task to identify activities and materials to engage EOCCO plan member participation. In 2016, EOCCO plan member representation increased across the region. In addition, some LCACs received training on Understanding Poverty with Empathy and diversity trainings/technical assistance through the OHA Office of Equity and Inclusion were also offered to LCACs and affiliated organizations.

PRIORITY AREA: LCAC Skill Development
GOAL: Improve the skill set of all local community advisory council members.

OBJECTIVE # 1: Develop cultural competency among clinicians and other community health and social service organizations.

- STRATEGY: Assess and train on cultural competency needs/gaps by using 15 National CLAS (Culturally and Linguistically Appropriate Services) Standards in Health and Health Care.
- JUSTIFICATION: Requirement of 3 of 8 EOCCO Transformation Plan elements
    - EOCCO Plan Element #6: Assuring communications, outreach, member engagement and services are tailored to cultural, health literacy, and linguistic needs
    - EOCCO Plan Element # 7: Assuring provider network and staff ability to meet culturally diverse needs of the community (cultural competence training, provider composition reflects member diversity; nontraditional healthcare workers composition reflects member

diversity)
    - EOCCO Plan Element #8: Developing a quality improvement plan focused on eliminating racial, ethnic and linguistic disparities in access, quality of care, and outcomes.
- EVIDENCE BASE: http://www.usc.edu/hsc/ebnet/Cc/awareness/ccare.htm

ACTION PLAN

Activity	Lead	Measurement	Completion date
Coordinate and conduct a series of educational programs with LCACs emphasizing promotion of health equity best practices: • Client civil rights • Language access services • Cultural competency • Diversifying the health workforce	OHA Office of Equity and Inclusion staff, Armenia Sarabia	Number of health equity webinars, pre post survey assessment, in person presentations and online formats	Ongoing

OBJECTIVE # 2: Understanding poverty with empathy.

- STRATEGY: Build empathy among LCAC members for understanding the struggles faced by people caught in multigenerational poverty.
- JUSTIFICATION: Many EOCCO plan members frequently use health and social services.
- EVIDENCE BASE: Bridges Out of Poverty; www.ahaprocess.com/solutions/community/

ACTION PLAN

Activity	Lead	Measurement	Completion date
Identify a competent trainer	Troy Soenen	Contract to deliver webinar	As funds are generated
Training Event	Troy Soenen	Number of participants at workshop	June 2018

OBJECTIVE #3: Implement positive community norms.

- STRATEGY: Introduce LCACs to the Positive Community Norms framework.
- JUSTIFICATION: Positive behaviors can be encouraged across the community by emphasizing strengths rather than needs.
- EVIDENCE BASE: www.mostofus.org

ACTION PLAN

Activity	Lead	Measurement	Completion date
Presentation to LCACs	OHA MORE Program and GOBHI/EOCCO Field Team staff	Number of presentations	June 2018
Select subjects for training to test changes in community norms facilitated by Most of Us	Paul McGinnis and Montana State University	Training Event	June 2018

OBJECTIVE # 4: Increase EOCCO plan member engagement.			
STRATEGY: Increase participation of EOCCO plan members in LCAC activities. JUSTIFICATION: Involvement of people who are most affected by the group's activities makes for better programs. EVIDENCE BASE: OHA Requirement of 51% LCAC Membership			
ACTION PLAN			
Activity	Lead person/ organization(s)	Measurement	Completion date
Utilize resources available from the Oregon Health Authority Transformation Center such as: marketing materials, PSAs, smart goals, and technical assistance.	OHA Transformation Center Charlotte Dudley LCACs	Increased usage of materials Increased number of EOCCO plan members involved in LCAC activities	Ongoing
Exchanging ideas and materials between LCACs. Share information about focus groups, round tables, marketing materials, agenda items and success stories.	LCACs LCAC member engagement subcommittees Charlotte Dudley Carissa Bishop	Increased member engagement activities across the EOCCO region Increased number of EOCCO plan members involved in LCAC activities Increased number of member engagement resources or information found on the EOCCO website	Ongoing
Increase the number of EOCCO plan members who are involved in LCAC activities. Retain new LCAC members.	LCACs LCAC member engagement subcommittees	Host member engagement activities Provide orientation information to new members	Ongoing

<u>Community-based Participatory Research : Progress on Implementation of 2014 CHIP</u>

Community-based Participatory Research has been conducted in two areas of the EOCCO. First LCACs were involved in focus groups through the Oregon Health & Science University Knight Cancer Institute program to understand Colorectal Cancer Screening knowledge, attitudes and beliefs in the community. Second, Advantage Dental partnered with two LCACs and the University of Washington to submit a grant to the Advanced Practice of Dental Hygienists with the intent to test the effectiveness of "virtual dental services," primarily through tele-dentistry.

PRIORITY AREA: Community-based Participatory Research
GOAL: Allow LCACs to use their local knowledge to test innovations in science in partnership with university-based researchers.

OBJECTIVE #1: Be available to academic researchers for community-based participatory research.

- STRATEGY: Create a "ready" community to participate in research.
- JUSTIFICATION: Tools exist and staff is knowledgeable.
- EVIDENCE BASE: U.S. Department of Health and Human Services, Clinical and Translational Science Awards Consortium *Principles of Community Engagement (2nd edition*), June 2011

ACTION PLAN

Activity	Lead	Measurement	Completion date
Be available to academic researchers for community projects which improve Incentive Measures or implement CHIP strategies	Paul McGinnis	Number of opportunities explored	Ongoing

Fundraising/EOHLA: Progress on Implementation of 2014 CHIP

In the 2014 CHIP, this subject heading was listed as Fundraising, with the intent to create a 501c3 non-profit to raise funds in support of the EOCCO Regional CHIP. EOHLA was formed and staffed by an Executive Director, with a guarantee of three years of support from GOBHI. The Board of Directors for EOHLA consists of recommended partners from each of the 12 LCACs, which provides monthly updates to EOHLA activities at each LCAC meeting. In addition, EOHLA's Executive Director has designated time at each RCAC meeting to report EOHLA updates as they align with the RCHIP. In the last year, EOHLA has secured almost $400,000 in grant projects, including funding to implement the following: Mental Health First Aid training for three EOCCO sites ($30,000), two school-based oral health projects ($280,000, and a project measuring the effectiveness of promotional materials for colon screening ($25,000).

PRIORITY AREA: Eastern Oregon Healthy Living Alliance
GOAL: Support EOHLA as it seeks private, corporate and government funding to implement strategies across the EOCCO region.

OBJECTIVE # 1: Improved communications between EOHLA and LCACs

- STRATEGY: Presence of EOHLA Board Members at LCAC meetings and EOHLA Executive Director at RCAC.
- JUSTIFICATION: EOHLA supports funding for CHIP.
- EVIDENCE BASE: Collective Impact

ACTION PLAN

Activity	Lead	Measurement	Completion date
EOHLA Director to present at quarterly RCAC meetings	John Adams	Quarterly presentations and updates	Ongoing
EOHLA Board member to convey EOHLA progress at LCAC meetings	EOHLA Board Member	Presentations	Ongoing

PRIORITY AREA: Incentive Measures
GOAL: Encourage LCACs to understand potential contributions to the Incentive Measure targets established for the EOCCO by the OHA.

OBJECTIVE #1: Keep LCACs informed of incentive measure progress.

- STRATEGY: At least twice yearly presentations.
- JUSTIFICATION: Incentive measure progress reports from Moda Health.
- EVIDENCE BASE: Outcome and quality measures have been developed by the Metrics and Scoring Committee to show how well CCOs are improving care, making quality care accessible, eliminating health disparities, and curbing the rising cost of healthcare. Technical Specifications and Guidance Documents for CCO Incentive Measures; www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx

ACTION PLAN

Activity	Lead	Measurement	Completion date
Presentation to each LCAC about Incentive Measure progress per county	Jordan Ann Rawlins, Moda Health Troy Soenen, Facilitator	Bi-yearly presentations	Ongoing; at least twice yearly
Target low performance EOCCO County(ies)and encourage use of LCAC Incentive Measure resources for improvement	LCAC Support Staff	Improved performance toward targets	Ongoing

OBJECTIVE # 2: Best practices to improve incentive measures.

- STRATEGY: Share best practices.
- JUSTIFICATION: Creating and sharing new knowledge.
- EVIDENCE BASE: Incentive Measures Data; www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx

ACTION PLAN

Activity	Lead	Measurement	Completion date
Share Incentive Measure dictionary and measurement process with LCACs	Jordan Ann Rawlins, LCAC Support Staff	Presentations	Ongoing
Share opportunities for improvement webinars sponsored by OHA	Estela Gomez, Jordan Ann Rawlins and LCAC Support Staff	Communications	Ongoing
Share knowledge of “best practices” from high performing counties to lower performing counties	GOBHI/EOCCO Field Team staff	Incentive measure performance increase; review of shared knowledge between LCACs	Ongoing