Community Health Improvement Plan (CHIP) Progress Report
2015-2016
AllCare CCO

INTRODUCTION

AllCare CCO is based in Grants Pass and serves OHP members in Jackson, Josephine, Curry and southern Douglas Counties in Southern Oregon. AllCare currently has more than 52,000 members with a vision to be the premier CCO in Southwestern Oregon. AllCare's mission statement "Working together to provide quality cost-effective healthcare for our communities" has been in place since 1994. The CHIP document aligns with the mission statement that simultaneously provides direction and serves as the under-pinning for the Company's future goals and day to day work.

AllCare collaborated with two other regional CCOs in 2013 to share in the development of the Community Health Assessment. Three common CHIP focus areas were then chosen collectively for all three CCOs and planning began for activities in each focus area. The three common focus areas are **Healthy Beginnings, Healthy Living** and **Health Equity**.

There are two primary hallmarks of the first 24 months of CHIP implementation. The first involves continued organization development for sustainability of the work moving forward. This includes CAC committee development and training, budget development and process, identification and training of CAC member champions and process measurement targets. The second key development is the expansion and integration of the CHIP priorities into additional business and work of the CCO, beyond what was initially planned in the 2014 CHIP.

This report will focus on the progress of what was initially planned in the 2014 CHIP, largely work led by CAC membership, while recognizing how the CCO has used the CHIP to guide additional CCO work and Board of Director's goals.

SUMMARY OF 2015 CHIP PROCESS

The CHIP was based on data collected and analyzed in the 2013 Community Health Assessment (CHA). The CHA and CHIPs were driven entirely by the CCOs and their CACs. AllCare has three CACs, one in each county it serves. Engagement of CAC members from all three CACs was important and needed from the beginning, through data collection, analysis and priority setting. Extensive community input was gathered in both processes, including special outreach to populations experiencing health disparities in Southern Oregon.

The following is a high level summary of the CHIP priorities and strategies as submitted in 2014. The focus areas and high level strategies will remain consistent across all three regional CCOs and during the 2014-2017 OHA contract timeline.

CHIP High Level Strategies Map *2014*

Healthy Beginnings

Early Investment

Identify Early Learning Hub tasks and opportunities to collaborate

Adverse Childhood Experiences/Trauma

Increase awareness of ACEs body of research and implications for practice

Healthy Food and Physical Activity

Collaborate to increase physical activity opportunities and healthy food access for youth

Collaborate with local community gardens to engage youth in gardening

School-Based Health Centers

Support school-based health centers, explore possible expansion to include dental and addictions prevention

Healthy Living

Chronic Pain, Prescription Drug Abuse

Continue to support Opioid Prescribers Group (OPG) task force, including media campaigns

Mental Health

Identify opportunities for future CAC engagement in improving mental health integration and access

Built Environment

Identify opportunities for collaboration on improving built environment projects

Healthy Equity

Housing

Identify opportunities for collaboration on reducing the number of youths that are experiencing homeless

Food Insecurity

Support current food bank programs

Cultural Competency and Language Access

Increase provider cultural competency

Increase number of medical interpreters

Transportation

Improve quality and availability of non-emergent medical transportation

Oral Health

Support recent expansion of oral health services in Curry County

CHIP INFRASTRUCTURE & DEVELOPMENT 2015-2016

A key component of CHIP progress and work since submission in July 2014 has been organization development to complete identified CHIP projects while simultaneously integrating CHIP principles into the larger context of business of the CCO. AllCare CCO devoted substantial internal resources over the last year to the development of policies, procedures, budgets, work plans and methods for monitoring, reporting and evaluation of CAC CHIP work. At the same time, the CHIP priorities of Healthy Beginnings, Healthy Living and Health Equity have driven many additional and new projects outside the initial designated CHIP projects. The CHIP has not only given the CAC purpose and projects but also provided a framework for larger CCO work. At a recent AllCare Board retreat, the Board Chair, Dr. Rick Williams, eloquently articulated how the CHIP has influenced the entire CCO when he said "We are not just a health care provider, we are a facilitator of health." The CHIP has given direction to CAC work but also facilitated many other activities for the CCO.

At the **organization level**, AllCare has spent time on the development of a work plan tool that organizes and tracks CAC goals, objectives, outcomes, process evaluation measures, budget ranges, community partners, staff and CAC champions for each strategy, in each of three AllCare CACs. AllCare staff facilitated several discussions with CAC membership about what they wanted to measure, their target outputs and how they would best use a work plan tool. The utility of the work plan is to track and monitor work but it also serves to communicate and organize CAC efforts. Additionally, a process for reporting progress on reports, including baseline data collection was created and all CAC project champions trained on how to utilize forms and complete reporting process.

It is important to note that AllCare was one of the first CCOs in the State to devote CCO funding specific to CAC CHIP projects. Several hundred thousand dollars were devoted to CHIP activities in 2015, giving CACs both staff and monetary resources to carry out their CHIP activities. A formula for funding in each county CAC was established, budget priorities and assumptions developed and a funding policy created and adopted by the AllCare CCO Board of Directors. Additionally, over 3.8 million dollars was invested by AllCare in CHIP related projects, including children and youth programs that were not originally planned in the 2014 CHIP.

At the **CAC level**, work groups were organized in each county, for each strategy area. Champions of each subgroup have been identified and training and support provided by staff. It is important to note that the geography covered in all three counties is some of the most diverse and rugged in the state, encompassing 5710 square miles. Drive time from the Grants Pass AllCare headquarters to some CAC meetings exceeds 6 hours round trip. There remains great diversity between the three CACs, but intentional effort has been made by CAC members and staff to hold several joint trainings, meetings and planning retreats. Effort has also gone into calendaring various CAC meetings, including regular full CAC meetings, multiple work groups and quarterly public meetings.

The regular progress reporting process has elicited quarterly reports that feed into a CHIP dashboard. The AllCare board has received several presentations on the development of the work plan and dashboard, including investment of time and resources at their annual retreat to discuss how to measure impact and success of CHIP projects. AllCare continues to invest considerable time, money and resources into making the CHIP work integrated into all levels of the organization, from volunteer CAC member to board member.

AllCare CHIP Dashboard

The CAC CHIP dashboard was developed with much input from the CAC membership. 2015-16 marks the first year that all of the projects were funded and much of the measurement is process related (instead of outcome based). Many of the measurements tracked also represent baseline data of which targets for 2016-17 and future years will be based on.

Green boxes in the dashboard highlight areas where the project has met or exceeded the CAC's and staff

expectations within July 2015-June 2016. The yellow boxes represent areas that are still in development and need continued focus or projects that are planned for fall 2016 implementation (outside the 2015-16 report date).

CAC CHIP Work 2015-2016 Dashboard

Collective Focus Areas	Project Area	2015-2016
Healthy Beginnings	Early Investment	Early Learning HUBS now funded in all counties served
		18+ CAC members and staff serving as leadership and engaged in ELH projects and priorty setting
	Healthy Food & Physical Activity	**Curry:** paved pathways, 55 High school, 30 middle school students utilize garden. Plan to exceed 100 pounds student-grown produce. **Jo:** Increased procurement of fresh local foods in school meals, through Taylors sausage (low sodium nitrate free hot dogs), Kirbyvill Farm (micro greens), Fry Family Farm (produce), Naumes (pears). 105 children visited farm, 1328 pounds of produce provided to food bank.59 children from YMCA and BGC attended kick off event. 36 children from little sprout preschool, total of 95 children gardening **Jack:** funded classroom party kits for healthy food/teacher training, OSU extension gardening equipment, Food Network Coordinator funded and hired
	School Based Health Centers	**Curry:** engaging students in South Coast Oral Health Coalition, Youth Development Coaltion, outreach materials (including video) created and disseminated
	Adverse Childhood Experiences/ Trauma	Collaborating with Phoenix Talent, Grants Pass and Brookings Harbor for viewing of Paper Tigers documentary in fall 2016
Healthy Living	Mental Health, Substance Abuse and Addictions	**Jackson:** Anti-stigma campaign reached over 33K people, 71K views, Curry: 17 certified Mental Health First Aid (MHFA), beginning Peer Support council to support peer services Jo: 66 participants in MHFA 2015-2016
	Built Environment	**Curry:** Task Force ID'd site, YMCA expansion planned for Curry, Architect selected, focus groups
	Chronic Pain, Rx Use and Abuse	90 physicians and 214 multidiciplinary participants in 2016 conference, increase of 41% in conference participation. Community sessions had 312 participants half were AllCare members, 74% increase in participation over 2015

Collective Focus Areas	Project Area	2015-2016
Health Equity	Transportation	Significant CCO work on transportation, plans to engage CAC membership more in transportation efforts in 2016-2017
	Oral Health	CHIP related activities wrapped into SBHC activities in Curry County. Educational materials provided for distribution into SBHC as well as Alder Clinic. Fluoride ordered and follow up First Tooth Training will be scheduled.
	Food Insecurity	**Curry:** final report for year: summer snack pack program funded 210 summer snack packs in Port Orford, 30 packs a week for 7 weeks. Also expanded in Brookings & Gold Beach. **Jo/Jack:** 46 cooking demos completed, 2 cooking matters at store tours, 2 other classes and 4 volunteer workshops. 2917 meals/3500 pounds of food provided by mobile health pantry.
	Youth Homelessness	**Jo:** Advance to Zero listening sessions scheduled fall 2016 **Jack:** Maslow funded, 98 unduplicated youth service, 289 duplicated visits. Services included life skills workshops, nutrition workshops, career readiness tutoring and mentoring, referrals.
	Cultural Competency & and Language Access	Supporting Regional Health Equity Coalition w/staff, expansion from Jackson into Josephine County. Need continued focus and expand CAC membership

Although significant in volume and accomplishment, it is important to note that the Dashboard document above represents the CAC CHIP focused work only. Measuring integration of the CHIP into larger strategic decisions and directions of the CCO has not yet been established but planned to be a focus for the next year.

OHA Template Questions

Key Players

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

2. **Describe how these key players in the CCO's service area are involved in implementing your CHP.**
   - ✓ *AllCare was instrumental in providing assistance and direction in the development of two*

Early Learning HUBS (Josephine/Jackson and Coos/Curry) and one Parenting HUB in our region. A full time AllCare staff participates in both Hubs' governance and acts as AllCare CCO's liaison between health care, education PK-24 and social service agencies. This has allowed AllCare to understand how the three sectors have shared goals and to effectively seek out opportunities to affect the needed transformative changes. AllCare staff also engages CAC members in participating in the Early Learning HUB activities. Collaborative projects have resulted from the shared governance positions, including recent youth and parenting conferences. AllCare supported the development of a local youth council in Curry County that is working to promote and provide outreach to students to access the School Based Health Center (SBHC) in the county, via social media and video (YouTube).

AllCare CCO currently has 24 CAC members region-wide. The CAC members have been instrumental in ensuring that the CHIP is used as the 'guide post' in managing the CAC budget (totaling $250,000) with monies being focused on Healthy Beginnings, Healthy Living and Health Equity. The AllCare BOD approved the budget as a means of consumers "driving" efforts to improve the health of their communities. The CAC meetings have had engaging, thoughtful discussion on the selection of project opportunities supporting the CHIP.

Southern Oregon Success (SORS)– an executive level of leaders in Josephine and Jackson Counties that convenes 4 x annually to address common issues among key sectors: Education PK-24, higher education (SOU, RCC), medical, mental health, law enforcement, social service agencies and community groups. Currently the SORS group is working to establish southern Oregon as a "trauma informed" region – addressing the breakthroughs in research on the impacts of trauma on health and social skills. AllCare CCO and Jackson Care Connect have funded this project through 2017.

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

Identified gaps include but are not limited to the following: 1) development of trust between entities competing for the same general fund dollar; 2) learning how to share data (separate data systems between medical, education, law enforcement, housing; 3) sustainability from continued support at the State level regardless of leadership; 4) Current OARs and Statutes that limit creativity and innovation; this makes it difficult to launch transformative initiatives.

Health Priorities and Activities

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

The CHIP activities have improved the coordination of effective and efficient delivery of health care to children and adolescents in the community. The activities have varied across the counties served. The following will describe those activities:

1) *Coordination of services to PK-24 is a priority of both the Early Learning Hubs and the SBHC in Curry County. AllCare's role in the coordination efforts included staff support and funding for many organizational meetings, collaborative events and planning retreats to map out gaps and assets in service delivery and develop priorities to address each of those priorities. Due to the varied data systems, determining how to measure success in the projects has been difficult, but efforts are underway to create a commonality of shared goals and realistic and attainable metrics.*

2) *AllCare CCO achieved meeting the improvement target for Adolescent Well-Care visits (Quality Incentive Measure) in all three counties. Specific interventions included but are not limited to: incenting providers (through the Alternate Payment Methodology – APM), incenting members (through iTunes or Subway gift cards.*

State Benchmark	2014 – AllCare CCO Results	2015 – AllCare CCO Improvement Target	Final 2015 AllCare Results
62%	22.1%	28.1%	29.8%

3) *As stated before, the participation, funding and establishment of SORS (Southern Oregon Success) – which is undertaking the training of the community and other stakeholders on trauma informed care and the ACEs (adverse childhood experiences) on the long-term poor health and social outcomes for individuals experiencing trauma in early childhood.*
4) *CAC sponsored and funded multiple projects aimed at prevention and healthy living.*

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

Healthy Food Access

1) *AllCare has devoted significant resources to the development of school and youth gardening, to increase healthy eating and decrease food insecurity. Efforts have resulted in increased procurement of fresh local foods in school meals in Josephine County, funded and filled Food Network Coordinator positions with over 200 children and youth participating in summer gardening projects. Over 1300 pounds of produced was provided from these gardens to local food pantries/banks in area.*
2) *In Curry County, the CAC funded "Snack Packs" – a program designed to provide healthy food for children during the weekends when access to food is scarce or non-existent. This impacted elementary school aged children in Port Orford, Gold Beach and Brookings. AllCare CCO supported "Snack Pack" programs in Josephine and Jackson County schools.*
3) *Josephine County CAC funded a pilot project at Raptor Creek Farm to engage YMCA and Boys/Girls Club Summer Camp kids in youth gardening and nutrition education in collaboration with the OSU Extension Office. The kids learned to garden from planting to harvest; this program continues to gain popularity in the community.*
4) *In Jackson County, AllCare CCO funded/sponsored Veggie Rx – a program that teaches parents healthy eating habits, providing $10/week Farmer's Market vouchers to incent parents to access fruits and vegetables at local Farmer's Markets.*
5) *The Curry County CAC provided "Snap Match" – a dollar for dollar match (up to $10) at the Brookings Harbor Grower's market.*
6) *The Curry County CAC funded youth to tend, plant and harvest the Saint Timothy's Episcopal Church Garden.*

Housing

During the AllCare CCO Board Retreat held in Brookings, Oregon in April 2016, the Board of Directors developed three priorities for 2016-2017. The day was spent having national and state leaders in the social determinants of health demonstrating the connection between poor health outcomes and homelessness, food insecurity, utilities, not finishing high school, domestic violence. Dr. Meghan Sendel from Boston University 'skyped' in to the retreat and provided compelling information on the effects of homelessness on the 'invisible' population

(infants and children not yet in school) and poor outcomes as they enter school, middle and high school and adulthood. The BOD unanimously voted to get "upstream" of the poor health outcomes and focus on preventative interventions/programs which result in loss of life years, unsustainable health care costs and multi-generational poverty. The three priorities include: Housing, Education PK-24, and Coordinator of Resources. The following is not a complete listing but partial listing to give a sense of the full support AllCare CCO has provided in this important area:

1) ***Maslow Project** – focuses on the 3,000 – 4,000 homeless youth in Josephine and Jackson County. AllCare CCO and the CAC provided monies to support mental health services and a Family Outreach Advocate to identify needed basic services for the displaced youth. When youth are homeless, school is not a priority but rather basic needs such as shelter, food, clothing and hygiene become the focus of everyday living. Note: that in most cases, overwhelmingly, youth chose to leave the dysfunction and abuse of the home environment and bypass the foster care system.*
2) ***Hearts with a Mission (HWAM) –** a program designed to serve homeless and at-risk youth by providing shelter, educational support, mentoring, and transition planning with a faith-based approach. AllCare CCO generously supported the Jackson County HWAM and in early 2016, helped to fund a Josephine County HWAM. In the 2013-14 school year, 637 youth in Josephine County were identified as homeless with no alternatives for youth (under 18) seeking safe, temporary emergency shelter.*
3) ***Rogue Retreat** – a program based in Jackson County – that provides 44 units to previously homeless, drug-addicted individuals and their families. The program focuses on teaching people how to be 'good tenants', providing life-skills, A & D treatment, supports that help to ensure success. AllCare CCO along with Jackson Care Connect CCO funded existing programs that could be expanded. Care Coordination, transitions of care and other CCO services are provided to the at-risk families living here.*
4) ***AllCare CCO provided full monetary support to OnTrack to renovate a 14 unit supportive housing complex in Josephine County**. The complex will serve previously homeless individuals with a history of drug addiction.*
5) ***AllCare CCO** provided funding to Curry County to invest in retaining developers to explore building housing opportunities in Curry County.*
6) ***Joe's Place –** AllCare CAC funded a program coordinator to provide services (meals, mentoring, and clothing) during day time hours to homeless youth. The AllCare funding enabled Joe's Place to increase open days from 3 to 5.*

<u>Education</u>

This is the area that AllCare CCO made the greatest strides in 2015. In 2014, AllCare hired an internal Education/Health Coordinator that acts as a liaison between the medical, educational and service agencies. She also participates and attends State and local meetings that have representation from education, higher education and state government officials. The following projects are aimed at prevention of poor outcomes and breaking the cycle of poverty which perpetuates other social determinants of health.

1) ***Support and Funding of 211info** – is a community wide project that serves as a common one-stop effort in accessing available resources in Josephine and Jackson County.*
2) ***AllCare funded** 2 CHWs to work at Southern Oregon Head Start and Early Head Start, 1 CHW (shared) at Riverside and Fruitdale Elementary Schools (Josephine County), 1 at HHS*

SSP (Josephine county, 1 CHW at Brookings-Harbor School District (Curry County) and 1 CHW Curry County Community Health. The CHWs at the schools and head start work on truancy issues, clothing, food, housing and helps to identify other barriers to children being successful in school.

3) ***AllCare sponsored*** *professional and parent tracks at the 2016 JCAEYC for the Children's Conference;*
4) ***AllCare provided a 3-year investment to Grants Pass School District's*** *implementation of "Ready! For K" - an interactive program for parents of pre-kindergarten children that focuses on 'playing' with their children while teaching basic concepts before they start kindergarten.*
5) ***Good Behavior Games –*** *AllCare provided total funding to the Phoenix-Talent's School District in the implementation of this evidence-based program. Programmatic details were provided by Trillium CCO who previously launched the program which was successful in decreasing disruptive behavior, increasing teacher satisfaction. Preliminary results indicate that disruptive behaviors on average decreased 67% during the first three months of implementation. 16 teachers, 3 aids have been trained. There are plans to expand this program to county schools and other counties in the AllCare Service area.*
6) ***Paper Tigers –*** *AllCare CCO and Jackson Care Connect are sponsoring a video and training (September 2016) for South Coast for Success and Southern Oregon Success (regional achievement collaboratives) – this video highlights how a high school in Walla Walla Washington addressed adverse childhood events by altering teaching methods.*

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

1) *The AllCare CCO CAC in Curry County works consistently with the one SBHC in that county. AllCare staff and CAC members have participated in developing a youth council to support outreach for the SBHC and organized multiple efforts to improve behavioral health, substance abuse and oral health outreach services.*
2) *AllCare continues to be engaged with local Early Learning Hubs and CAC members are also active in HUB governance.*

Health Disparities

7. 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.

1) *AllCare CCO has worked closely with the regional Health Equity Coalition to gather data on specific populations in the region. The data was focused on population wide data, not patient population data. Although the coalition published a good report, the data was not new and remains as limited as it was while going through the CHA and CHIP process. The limitation of secondary data (at a population level vs. patient pool level), specifically by race and ethnicity, was the driving factor behind holding special focus groups with specific populations to gather primary data about their needs.*
2) *Internally, AllCare CCO has expanded their data collection and analysis on the member population, specifically to look for health disparities by zip code.*

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

AllCare collaborated with two other regional CCOs to gather information (via focus groups and key informant interviews) from special populations during the Community Health Assessment process and the CHIP development process.

4) **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.**

1) *Local population data remains limited, thus driving the focus groups in the CHIP and CHA process, as mentioned above.*
2) *AllCare CCO is partnering with other regional CCOs, public health and behavioral health agencies and local hospitals to develop a comprehensive Community Health Needs Assessment and CHIP, and will gather and share data to support the needs of each entity*
3) *CCOs are now able to provide physical, behavioral and oral health data on the OHP populations served by the CCOs*
4) *Focus groups, surveys and key informant interviews may be conducted to gather quantitative data to fill gaps when no other data sources are available*

Alignment, Quality Improvement, Integration

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

1) *There is very little population data available by zip code or even by specific counties for populations experiencing health disparities due to very small population numbers in many communities served by AllCare CCO. Patient data is available and analyzed regularly, but larger population data is still very limited, as already mentioned.*

2) *When population data is available, grouping annual data into three or even six year increments to look for trends is a possible strategy, but population data is not often available that far back.*

3) *Race and ethnicity data is still not required for enrollment in Oregon Health Plan. Therefore, race and ethnicity data received on the 834 file is incomplete. However, useful data is being generated with the quality incentives quarterly report.*

4) *AllCare recognizes the limitations of secondary data available in the service are for both health disparities and Social Determinant of Health. The AllCare CCO Board and executive leadership team spent their entire annual retreat looking at defining Social Determinants of Health and health disparities, reviewing available corollary data and discussing priorities.*

11. **What successes or challenges have you had in engaging populations experiencing health disparities?**

1) *AllCare CCO successfully engaged target populations in the CHA and CHIP process through focus groups and surveys.*
2) *The CACs have experienced difficulty in recruiting consumer members experiencing disparities and are developing strategies to recruit a more diverse CAC to engage these*

populations.

3) *AllCare CCO staff participate on the Regional Health Equity Coalitions in Jackson and Josephine Counties and engage staff, CAC members and the community in Coalition activities to increase awareness and develop strategies to address identified disparities.*

12. **What successes or challenges have you had in recruiting CAC members from populations experiencing health disparities?**

1) *As part of statewide CAC recruitment effort, AllCare is working on a recruitment plan to engage people from disparate groups, utilizing the matrix provided by the Transformation Center.*
2) *AllCare pays a stipend, provides transportation, and will pay for childcare for CAC member participation in meetings and council activities. It has been difficult to recruit consumers to participate on the Josephine County CAC.*
3) *Efforts will continue to "meet people where they are." The CACs are exploring strategies, such as holding meetings in public in various locations where people already gather, and moving meetings around the service area to locations that are convenient and inviting to OHP consumers.*
4) *The last Curry County CAC meeting was held in public and 40 community members attended to learn about the work of the CCO, the CAC and provide input on strategies to address community health issues.*

13. 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.

They provide a full continuum of care:

1) Mental Health Promotion – working with NAMI, providing community education trainings like Mental Health First Aid
2) Mental Illness, Substance Abuse and Problem Gambling Prevention – ASIST (Applied Suicide Intervention Skills Training), Suicide Prevention Taskforce, Strengthening Families Program, School based therapists in schools providing prevention activities,
3) Early Intervention – Mental Health staff imbedded in Early Intervention programs and schools, EASA (Early Assessment and Support Alliance,
4) Treatment and Recovery - Full continuum of services for adults and children with mental health and co-occurring disorders:
   secure and non-secure residential treatment, crisis respite/Crisis Resolution Center, respite/Ross Lane, non-hospital hold, jail diversion, Mental Health Court, Supported Employment and Education, Assertive Community Treatment (ACT), Case Management, Skills training, Children's WRAP program, Intensive Community Treatment Services (ICTS), Housing supports (independent, supported and transitional housing), Functional Family Therapy, Parent-Child Interaction Therapy (PCIT), Co-Occurring and gambling inpatient and outpatient services, Chronic Disease Self-Management Programs, Dialectical Behavior Therapy for Teens and Adults, Peer support, Clubhouse, Crisis Services, Crisis Intervention Training (CIT),
5) Crisis Services – 24/7 Crisis Services

14. If applicable, describe how the CHP work aligns with work through the Transformation Plan, Quality Improvement Plans and/or Performance Improvement Projects?

1) *Many of the quality incentive metrics align with the Performance Improvement Projects, Transformation Plan and CHIP. This allows for a more comprehensive approach and consistent stakeholder involvement, which utilizes precious resources in our service area.*

2) *The Community Health Improvement work that is led by the CACs aligns with Transformation Plan initiatives, particularly in implementing the CLAS (culturally and linguistically appropriate services) standards. Supporting participation in the Opioid Prescribers Group to address prescription drug use and abuse and developing alternative modalities to manage chronic pain is a CAC priority as well as a CCO performance improvement project.*

15. If applicable, describe how the CCO has leveraged resources to improve population health.
AllCare CACs support community projects that align with strategies identified in the CHIP process. Whenever possible, other resources are leveraged. In Curry County, the CAC provided funding to make the Little Bear Patch community garden ADA accessible. These funds were used to leverage additional grant funds to complete the project. An architectural rendition of an aquatic/rec center was also funded, which will be used in community efforts to raise funds to build the center.

16. How else has the CHP work addressed integration of services
See above