

Community Health Improvement Plan (CHIP)

Healthy Beginnings

Strategy	Programs/ Projects	CAC/ Staff Participation	Completed/ Ongoing/ Current	Resources Provided by JCC
<p><u>Perinatal Collaboration:</u> Participate in preconception health programs to improve birth outcomes, including reduction of substance use during pregnancy</p>	<p>Perinatal Task Force: Participate in monthly Jackson County Perinatal Task Force meetings and actions to implement the “One Key Question” campaign throughout the community, including at primary care, head start and dental clinics. Program developed PSA’s targeting women who answer, “yes” “no” or “maybe” with provision of resources to support decisions. Program planning for annual training of providers in use of Long Acting Reversible Contraceptives (LARCs). Work aligns contraceptive metric.</p>	<p>Heidi Hill, Ginger Scott, Belle Shepherd, Michelle Homer-Anderson, Jackson Baures</p>	<p>Ongoing</p>	<p>In-kind attendance at meetings, funding in conjunction with other local CCOs for PSAs</p>
	<p>Starting Strong Program: Incentive based program for JCC pregnant clients and families with JCC children up to age 2, started in 2015. Total number of members served to date is 300, with incremental increases in participation occurring each month. Current # of voucher partners is 24, including WIC, pre-natal care programs, OnTrack, and Consumer Credit Counseling. Working to expand offerings to Hispanic community, including CAWEM covered women.</p>	<p>Riki Rosenthal, Heidi Hill, Caryn McLean, Jovita Castillo (AmeriCorps/VISTA) CAC provided feedback and support during planning and development</p>	<p>Ongoing</p>	<p>Program initiated with State Transformation Fund dollars, and continued through JCC member engagement funds. Expansion to Hispanic population supported through Transformation Center CHIP grant.</p>
	<p>Rogue Retreat and Heather’s Haven: Transitional and supportive housing opportunities for Starting Strong population women and women recovering from addiction. Rogue Retreat hosts 2 units, and Heather’s Haven can support 5 women at a time, with 9 women total having been served since 10/1/2015.</p>	<p>Heidi Hill, Riki Rosenthal</p>	<p>Ongoing</p>	<p>In kind staff support and coordination, with funding support for Rogue Retreat as coordinator of programs</p>

<p>Early Childhood Investment: Support development of Early Learning HUB with a focus on kindergarten readiness</p>	<p>Southern Oregon Early Learning HUB (SOELS): SOELS is an active HUB covering Jackson and Josephine Counties and all early learning services within that boundary. Staff and CAC members participate actively in ongoing work to address metrics, align services, reduce resource duplication and ultimately serve all high-risk youth in the area.</p>	<p>Heidi Hill (HUB Executive Board), Belle Shepherd, Hannah Ancel, Michelle Homer-Anderson (HUB Agency Advisory Council), Riki Rosenthal (Home Visiting Network) CAC provides guidance and priority setting</p>	<p>Ongoing</p>	<p>In-kind time to support work related to forming a HUB and capturing appropriate data</p>
	<p>“The Bus is Us” program: JCC supported program for transportation of children to Kid’s Time Discovery and Learning Center from outlying areas in the community. Kid’s Time support active and engaged learning in downtown Medford, which may not be accessible to kids outside of the general area. The JCC funded bus takes trips to pick up kids and families so they can engage in fun learning activities. JCC also offers membership scholarships to Kid Tim for Jackson Care Connect members, the member ends up only paying a third of the cost.</p>	<p>Heidi Hill, Jennifer Lind, Riki Rosenthal (Kid Time membership)</p>	<p>Current</p>	<p>Transformation Fund dollars supported purchase of the bus for Kid Time ownership and use</p>

<p>Youth At-Risk: Participate in multidisciplinary work improving basic needs for vulnerable youth including addictions, trauma, homelessness, food insecurity and mental health</p>	<p>Butte Falls Community-School Partnership: The purpose of the Child and Youth Program is to support the social, emotional and health related development of youth ages 3-17. The Child and Youth Program includes, but is not limited to a: Pre-School Program for ages 3-5; After-School Program for grades K-5 aged children; Pre-Teen activities for youth in grades 6-8; Teen Only activities for youth in grades 9-12; and community programs focused on parenting support, nutrition, information and referral and family activities.</p>	All CAC members	Current	Funded by CAC CHIP Grant cycle1.
	<p>Southern Oregon Success (SORS): SORS promotes educational and health success for youth ages pre-conception thru age 24 by supporting ongoing collaboration with CCOs, early learning programs, K-12 populations and other health and health equity programs.</p>	Heidi Hill	Ongoing	In-kind leadership support for ongoing collaborations
	<p>YMCA Jr. Wellness Program: Partnership with Rogue Valley YMCA to engage youth struggling with overweight issues in healthy activities and exercise – often with other members of the family. 53 youth served to date. Looking for program expansion into Hispanic Youth population.</p>	Heidi Hill	Ongoing	In-kind leadership and guidance, funding support for classes and incentives from member engagement dollars.

Healthy Living

<p><u>Oral Health:</u> Evaluate and improve oral health experiences for members and community</p>	<p>Southern Oregon Oral Health Coalition: SO-OHC was formed in Fall 2015 to address ongoing challenges and needs related to oral health services in Jackson and Josephine Counties. Current attendees include: Jackson Care Connect, AllCare CCO, PrimaryHealth CCO, Advantage Dental, Capital Dental, Oregon Oral Health Coalition representatives, local dentists, Care Oregon and La Clinica Dental directors, Head Start, Siskiyou Community Health Center and others on ad hoc basis. The coalition meets every other month with subcommittee meetings in the interim. Current focus is on: supporting dental sealant programs in schools, education on expanded dental benefits effective July 1, 2016, assessing oral health needs of the elderly population (utilizing nursing students from OHSU) and overall education on how to access dental services for the OHP population.</p>	<p>Hannah Ancel, Michelle Homer-Anderson (co-chair), Heidi Hill, Belle Shepherd CAC will provide feedback on strategies to engage members in oral health & advocate the member experience regarding dental benefits</p>	<p>Ongoing</p>	<p>In-kind leadership support. Funding for educational outreach through Transformation Center CHIP grant.</p>
<p><u>Member Engagement in Health:</u> Increase member engagement, including wellness benefits</p>	<p>Rogue Valley YMCA: JCC provides one third scholarships to members who commit to attend the YMCA 8 times a month. One third comes from the YMCA and the other third from the member. Current scholarships are for 1,300 members (equaling 8800 visits per month!). Healthier New You program at RYYMCA: This includes adult and Jr Wellness (mentioned above) for adults with 50 or more pounds to lose. 144 Adults have completed the 12 week Healthier New You program.</p>	<p>Heidi Hill</p>	<p>Ongoing</p>	<p>Contracts with both YMCAs provide ongoing support for member engagement levels.</p>
	<p>Ashland YMCA: Scholarships similar to above have been provided to 456 members to date. Ashland has just started a Healthier New You Program and has graduated 3 members, with 11 members registering for cohort 2. Ashland also offers “Enhance Fitness” classes for elderly and disabled clients, and currently 5 members are registered in these classes.</p>	<p>Heidi Hill</p>	<p>Ongoing</p>	<p>Contracts with both YMCAs provide ongoing support for member engagement levels.</p>
	<p>Farm Fresh Veggie Box Program: This program currently serves 24 JCC members enrolled in the YMCA wellness program and Starting Strong by subsidizing the cost of a CSA farm share that provides them with a box of organic vegetables every week from June to October. Along with the veggie box participants are also offered cooking classes to support them in meal planning and cooking vegetable based meals.</p>	<p>Hannah Ancel</p>	<p>Current</p>	<p>Staff coordination and funding.</p>

	<p>Cooking Equipment Program: Members enrolled in the YMCA wellness program and Starting Strong can earn vouchers to redeem for free cooking equipment at the Starting Strong store to support these members in cooking healthy meals at home.</p>	Hannah Ancel, Riki Rosenthal	Current	Staff coordination and funding.
	<p>Grocery Store Transportation Pilot: This program is running on a trial basis through the NEMT service provider, TransLink, to provide JCC members with transportation to the grocery store up to 8 times per month. JCC members are approved for this program based on their current enrollment in wellness programs and lack of transportation. This pilot program is in the process of expanding to WIC Jackson Care Connect members to provide them with rides to the grocery store and to growers markets to spend their WIC vouchers.</p>	Hannah Ancel	Current	Staff coordination, under existing contract with provider.
<p><u>Healthy Communities:</u> Collaborate to reduce adverse affects of social determinants of health that increase risk of chronic disease</p>	<p>Rogue Valley Farm to School's (RVF2S) Digging Deeper: This program provides students in-depth healthy living skills through hands-on learning in the classroom, school garden, and on local farms. Over the school year, participating classes (5 elementary classes throughout the valley) will meet with RVF2S educators 12 times in the classroom, garden and farm to learn about producing and preparing healthy foods through the seasons. Lessons and activities will focus on learning about nutrition, physical activity, and mental health through the lens of local agriculture and food science.</p>	All CAC members	Current	Funded by CAC CHIP grant cycle 1.
	<p>Zagster Bike Share Program: Partnership with JCC and United We Ride committee of United Way. There are 199 current active memberships, with the average duration of trips 1 hour and 5 minutes. Weekday usage counts for 91% of use.</p>	Heidi Hill, Hannah Ancel, Caryn McLean, George Adams (UWR committee member)	Ongoing	Supported with one time community benefit dollars
	<p>Rogue Retreat Shower and Laundry Trailer: Through funding from JCC, Rogue Retreat provides access to a shower and laundry facility for homeless residents of Jackson County one day each week. Monthly support provided equals approximately 190 showers and 125 loads of laundry.</p>	Heidi Hill	Ongoing	Transformation Fund dollars initially supported program, with ongoing support from JCC available.

	<p>Kids Unlimited support: Jackson Care Connect sponsored the 2016 Basketball and Soccer programs at Kids Unlimited to support kids and families in participating in this Physical and social activity. This program also provided the opportunity for JCC to outreach to the families and help them navigate their healthcare and learn about wellness programs available to them.</p>	Heidi Hill, Hannah Ancel	Current	Staff outreach and sponsorship.
	<p>Built Environment: Through community collaborations several CAC members and JCC staff are involved in projects to improve the built environment to support healthy lifestyles and reduce chronic disease. This includes a Park Rx program with the City of Medford. Others are involved in making our community more walkable and increasing active transportation opportunities. JCC supported a workshop with Mark Fenton looking at concrete ways to improve our community's built environment to support health.</p>	Don Bruland, George Adams, Hannah Ancel		In-kind coordination from staff, sponsorship.
	<p>Veggie Rx pilot program: Began at La Clinica and Rogue Community Health in March 2015, and expanding to other pilot programs in 2016. The program incentivizes active program members with \$10 in coupons to local farmers market for a 6 week period of time. The workgroup has also assembled a “toolbox” of documents for use with this program, and continues to tweak the work for various populations.</p>	Hannah Ancel	Ongoing	In-kind support and leadership, funding for farmers market coupons and materials to clients.
<p><u>Tobacco:</u> Support policy development and individual interventions that reduce the burden of tobacco use</p>	<p>Tobacco Cessation classes: JCC offers Tobacco Cessation through the Starting Strong program, and to date have had one member complete the program.</p>	Riki Rosenthal, CAC distributed info/ publicized	Ongoing	Member engagement funding.
	<p>Tobacco policy: Support to be developed</p>	Jackson Baures		

Health Equity

<p>Reduction of Health Disparities: Collaborate with Regional Health Equity Coalition to identify data and opportunities to address health disparities in Jackson County Social Determinants of</p>	<p>Regional Health Equity Coalition (So Health-e): In its third year, So Health-e continues to focus in on its primary strategies of data collection and sharing and providing educational/training opportunities. So Health-e has expanded its model to provide for more broad based community input through quarterly Community Assemblies open to the public. Additional support for the coalition can be offered through engagement in one of several workgroups that have expanded.</p>	<p>Heidi Hill, Jackson Baures, Belle Shepherd</p>	<p>Ongoing</p>	<p>In-kind leadership.</p>
	<p>Life Art: LIFE Art is a locally developed positive youth development program that uses the activity of making art (graffiti, mural, acrylic painting, poetry etc.) to strengthen social, emotional, behavioral, cognitive, and moral competencies in our youth affected by trauma. The primary mechanism of support is mentoring - both individual and group – embedded within a model of participatory leadership. Youth involved in Life Art receive individual and group mentoring, leadership opportunities, access to an youth arts based Drop-In Center, opportunities for leadership and community service and warm introductions with health partners to further services as needed.</p>	<p>All CAC members</p>	<p>Current</p>	<p>Funded by CAC CHIP grant cycle 1.</p>
	<p>Maslow Project: Maslow Project provides wraparound prevention services to homeless youth, ages 0-21, and their family members in Jackson County. Maslow was funded to support a bi-lingual, bi-cultural Case Manager, to: 1) Increase the number of Hispanic/Latino homeless youth and families engaging in case management, 2) Increase connections to wraparound supports, and 3) Increase individual outcomes and decrease risk factors related to social determinants of health.</p>	<p>All CAC members</p>	<p>Current</p>	<p>Funded by CAC CHIP grant cycle 1.</p>

<p>Social Determinants of Health: Increase awareness of how poverty, adverse childhood events and trauma influence health, support community efforts to decrease poverty and build trauma-informed services</p>	<p>Phoenix-Talent School District: This program supports afterschool activities and sports, with an educational and nutrition based component for hard to reach students in PT's K-5 elementary schools. The program also provides transportation, thus allowing kids who normally could not participate in after school activities, due to cost or transportation, and opportunity. The program is currently in its building phase and will begin in the 2016-2017 school year.</p>	All CAC members	Current	Funded by CAC CHIP grant cycle 1.
	<p>Trauma Informed Care work: JCC and AllCare CCO have supported the work of a regional TIC group, including contracting with ACE Interface for consultant work. This project has most recently resulted in a community environmental scan and training of 6 community members in ACEs work. The work is currently being held under the SORS umbrella for coordination and support purposes.</p>	Heidi Hill, Belle Shepherd, Michelle Homer Anderson, Heather Hartman	Ongoing	Supported by Transformation funds and in-kind time.

Jackson Care Connect CCO – 2016 report

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; (**Southern Oregon Early Learning Services – SOELS**)
- Youth Development Council; and (**Local Youth Development group – Southern Oregon Success - SORS**)
- School health providers in the region. (**FQHCs who provide SBHCs in Jackson County**)

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

Several staff and members of the CAC participate in SOELS committees and leadership roles, and provide learning and engagement opportunities throughout the system of early learning, as noted in the narrative report. This level of engagement has helped to identify new areas of opportunity for the CCO to focus on as related to the CHIP work, including but not limited to: “The Bus is Us” program, and funding for new partnerships like the Butte Falls Community-School program. This level of participation and understanding across sectors helps to continue to define strategies and help with overall prioritization activities.

Staff are involved in local Youth Development work through SORS, a collaboration of early learning, k-12, healthcare, and workforce development groups who are focused on cradle to career opportunities for youth within Jackson and Josephine Counties.

CEOs of the FQHCs also sit on the JCC board of Directors, and FQHC staff sit on the Clinical Advisory Panel (CAP) and represent the work at several local School Based Health Centers throughout the valley. Conversations related to metrics management and support, including dental sealants, adolescent well visits and effective contraceptive use occur related to the SBHCs, both at the Board level and at the Clinical CAP level. Additional conversations occur in a variety of meetings where JCC staff are present, and provide input on the expansion of SBHC's and the expansion of specific services at SBHCs.

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

JCC is very engaged with the identified groups, though the amount of meetings required to remain engaged are sometimes difficult. However, early learning work and engagement with youth focused organizations is a priority for JCC. Related work, as noted in the narrative, is a focus on Trauma Informed Care and ACEs as a focus on the foundation of healthy children and adults in our community.

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.

Coordination of effective and efficient delivery of services for children and adolescents are led by the

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SOELS and SORS groups in Jackson and Josephine counties. JCC intentionally noted these areas of focus in the CHIP to ensure ongoing collaboration and engagement in the work with SOELS and SORS. As previously noted, several JCC staff, CAC members and the Innovator Agent engage at various levels of work with these two groups. In addition, JCC provided the CAC funding to support CHIP related work in the community. Those funded programs (round 1) are noted in the narrative and help to address areas of focus related to rural, Hispanic and underserved youth.

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

As noted in the narrative, and above, under the leadership and coordination of SOELS and SORS, JCC engages in work with the local Perinatal Task force, has established the Starting Strong program for members, has funded programs for housing parenting and pregnant women with addictions issues, has supported the purchase of a bus for transportation of rural youth, has funded a rural youth program in Butte Falls and has established a YMCA Jr. Wellness Program. Multiple partners are engaged in the work with JCC staff and CAC members.

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

FQHC representatives, who coordinate the local SBHCs, are engaged at the JCC Board and CAP level, and also engage in community collaboratives with JCC like: Perinatal Task Force, SOELS, SORS, Southern Oregon Oral Health Coalition and the Regional Health Equity Coalition. Work JCC is involved in is further explained in the narrative report.

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.

JCC staff and Innovator Agent have participated in past DELTA cohorts with OEI, and currently sit on the Regional Health Equity Coalition (RHEC) as funded by OEI. JCC is focused on continuing to capture better REAL-D data for their clients, but also rely on the work of the RHEC to identify health and education outcomes and disparities for the entire population. The CAC has hosted a presentation of the RHEC's data presentation in 2016, and remains engaged and focused on addressing health disparities, as seen in the CAC's CHIP funding for several Hispanic youth focused programs like Life Art and the Maslow Project.

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

As noted above, the RHEC is a local organization focused on addressing health disparities, and they utilize data sources from Oregon's Public Health Division, Local school districts, CCOs and the related Federal healthy start program that is under the same organizational structure as the RHEC.

In addition, JCC is participating in the next iteration of the Community Health Assessment with a variety of organizations who are committed to bringing their unique data to the table, as well as, committed to capturing data as a group. Organizations at the table include: PrimaryHealth CCO, Jefferson Regional Health Alliance (a local non-profit collaborative), Jackson and Josephine County Health and Mental Health agencies, OSU Extension services, Providence Medical Systems, Asante Health Systems, AllCare Health, OnTrack, Addictions Recovery Center, La Clinica and Rogue Community Health FQHCs, and the

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local Innovator Agents.

9. 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.

JCC has sought to learn more about our Maternal/Child Latino membership through a variety of methods both through claims data and programmatic data evaluation for those who have identified as Latino. We have brought on a VISTA member to compile existing regional data specific to this population and member data as available for comparison. In addition, this VISTA member is doing some qualitative outreach and quantitative data collection through our existing perinatal incentive program and other community outreach opportunities.

JCC is also compiling data from a variety of sources including State data bases, hospitals, internal systems, and quantitative data collection through outreach efforts to discover the local impacts of homelessness on health and barriers to achieving stability.

JCC has supported other regional organizations in doing a behavioral health gaps assessment. We are hopeful that through this work we can gain a clearer picture as to what behavioral health data is available and identify strategies to gather relevant data.

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

The lack of complete data for OHP clients is still an issue for JCC. Claims data mechanisms do not adequately capture issues pertaining to homelessness. Claims data is also not a good mechanism for pulling accurate data on disparities due to the self-reporting aspect of our membership database. Race and ethnicity is easier to pull (though not ideal) than softer issues such as homelessness.

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

As noted in the narrative, JCC participates in the local RHEC, sits on the United We Ride transportation committee, works with populations serving the homeless, works on food systems and food insecurity issues with local organizations, has engaged in and supported Trauma Informed Care and ACEs training and works with organizations involved in rural health disparities issues, like Butte Falls Community. This work, though time consuming and not always “medically focused” aka billable, is valuable and necessary to address the social determinants that affect the health of the community.

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

JCC has had both successes and failures in recruiting various populations. While past CAC recruitment has been successful in recruiting members from the African American and Hispanic populations, retention of these members has been less successful. Recruitment is a big focus of the CAC at this time, with a priority to recruit from diverse populations.

Alignment, Quality Improvement, Integration

13. Describe how local mental health services are provided in a comprehensive manner. Note: this may

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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.

This work is not strictly noted in the CHIP for JCC, but is better described in JCC's Transformation Plan. The LMHA BIP aligns with the work of the 2013 CHA. In addition, JCC is supporting a "gaps analysis" for Behavioral Health work in Jackson County which should be complete by August of 2016. This gaps information will also help inform the current CHA committee (as noted above), future Transformation Plan work, and may be noted in future CHIP work.

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

The CHIP certainly addresses areas 6, 7 and 8 of the Transformation Plan related to health equity and training for providers, as relates to engagement with the local RHEC. In addition, Oral Health work, transportation, contraceptive planning and tobacco cessation work align with integration efforts and metrics efforts as noted in the Transformation Plan.

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

This work is clearly defined throughout the narrative report with specific engagement in education, housing, transportation and food systems work.

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

Please see the narrative report in the attached CHIP tracking sheet for additional information as needed.