

OPTIONAL Checklist for Community Health Improvement Plan (CHP) Progress Report

Reporting period July 1, 2014 – June 30, 2015

Jackson Care Connect

See written “progress report” narrative for additional information

This checklist is an optional supportive document CCOs can use to guide their compliance to the contract agreements. If this checklist is used, it can serve as the foundation for the progress report due June 30, 2015.

The language is taken from the CCO Contract Exhibit B #4 (pages 28-30). This document relates to “Guidance document for Community Health Improvement Plan (CHP) update” available on the Transformation Center’s Resource page. Select Community Advisory Councils from the dropdown menu:

<http://www.oregon.gov/oha/Transformation-Center/Pages/Resources-Transformation.aspx>.

(a.1.) To the extent practicable, the contractor shall include in the CHA and CHP a strategy and plan for working with: *Check any partners below that have been included in CHA and CHP work*

- Early Learning Council
- Youth Development Council
- Local Mental Health Authority
- Oral health care providers
- Local public health authority
- Community based organizations
- Hospital systems
- School health providers in the service area

Describe actions taken and/or barriers to work:

JCC has several representatives that attend and support local Early Learning HUB work: JCC’s CEO Jennifer Lind along with two Board members: Doug Mares, DHS Director for District 8, and Rita Sullivan, ED of Ontrack (Addictions program) all sit on the Executive Board of the HUB. Staff, Heidi Hill and the Innovator Agent also attend HUB meetings: Agency advisory council and Home Visiting Network monthly.

JCC is involved in local Youth Development work via attendance and support at the Southern Oregon Success (SORS) meetings. In addition, JCC’s CAC has outlined many areas of focus related to at-risk youth in it’s CHP and is working with agencies that engage with these youth.

The Local Mental health Authority is engaged via Board and committee meetings, and was fully engaged during the development of the CHA and the CHP.

Oral Health providers have participated in this work with JCC, particularly La Clinica’s Dental program staff and other DCO employees.

Jackson Baures, the Director of Jackson County’s Public Health Division sits on JCC’s CAC, and other staff were engaged during the development, and ongoing work.

JCC has engaged with Asante and Providence Hospital systems to coordinate future CHA and CHP work as the current process timeline did not coincide. Both hospitals have representatives on the JCC Board of Directors. JCC has also been involved with reviewing and discussing the hospital CHPs during invited events. JCC’s CHA utilized data from the hospital systems’ CHA to assure information is similar.

JCC has engaged with local school health providers: La Clinica, Rogue Community Health and Southern Oregon Education Service District through work on grants related to expanding SBHCs in the county (this work

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is not specifically outlined in the CHP, but is part of JCC's focus), and through the Early learning HUB collaboration work. The CEOs of the two local FQHC's: La Clinica and Rogue Community Health, both sit on JCC's Board and the Executive Director of SOESD is on JCC's finance committee.

(a.2.) To the extent practicable, the contractor shall include in the CHA and CHP a strategy and plan for coordinating the effective and efficient delivery of health care to children and adolescents in the community:

Check areas of focus for CHP work

- Base the CHP on research, including research into adverse childhood experiences
- Evaluate the adequacy of the existing school-based health center (SBHC) network to meet the specific pediatric and adolescent health care needs in the community and make recommendations to improve the SBHC system
- Improve the integration of all services provided to meet the needs of children, adolescents, and families
- Address primary care, behavioral and oral health, promotion of health and prevention, and early intervention in the treatment of children and adolescents

Describe actions taken and/or barriers to work:

JCC has promoted a focus on ACEs and Trauma Informed Care for its CAC, BOD and CAP and other community partners. JCC is currently engaging in an 18 month contract, with AllCare, for Trauma Informed community learning with ACEs Interface.

JCC has engaged with local school health providers: La Clinica, Rogue Community Health and Southern Oregon Education Service District through work on grants related to expanding SBHCs in the county, with a particular focus on the Medford School District, (this work is not specifically outlined in the CHP, but is part of JCC's focus).

As noted, JCC is engaged in adolescent based work through the local HUB, SORS, SBHC expansion and other focus related to at-risk youth.

(a.3.) To the extent practicable, the contractor shall include in the CHA and CHP a strategy and plan for:

Contractor shall add to its CHP; *Check any partners below that have been included in CHA and CHP work*

- School Nurses
- School Mental Health providers
- Individuals representing child and adolescent health services

Describe actions taken and/or barriers to work:

JCC works extensively with Southern Oregon Success (SORS) partners who support child and adolescent health and education needs 0-21, and Southern Oregon Early Learning Services (SOELS) HUB for the P-8 population.

As noted above, JCC has engaged in improving school health, mental health and access to education based nursing services, however not via CHP related focus areas.

Agencies that represent school nurses and school mental health providers have been engaged in the process of the CHA and CHP.

(b.) Contractor, with its CAC, shall collaborate with OHA Office of Equity and Inclusion to develop meaningful

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baseline data on health disparities. Resources: OEI Contact – Leann Johnson, Interim OEI Director, leann.r.johnson@state.or.us, 971-673-1287

Describe work with OEI:

JCC works with, and has a seat on, the Southern Oregon’s Regional Health Equity Coalition, So-Health E. This coalition is funded and supported by OEI and is focused on identifying and addressing social health disparities in Jackson County. In addition, JCC’s Community Engagement Coordinator, Heidi Hill was part of the 2014 DELTA cohort, and JCC’s Innovator Agent is part of the 2015 DELTA cohort. DELTA is funded and supported by OEI. These relationships and learnings have elevated JCC’s focus on health equity and disparities.

Contractor shall include in the CHA identification and prioritization of health disparities among Contractor’s diverse communities, including those defined by the following. Contractor shall include representatives of populations experiencing health disparities in CHA and CHP prioritization: *Check any that apply*

- Race
- Ethnicity
- Language
- Disability
- Age
- Gender
- Sexual orientation
- Other factors in the service area:
Poverty, Rurality

Describe engagement and representation of diverse communities:

Engagement of a majority of these populations exists on JCC’s CAC and/or Board of Directors. In addition, when JCC (in collaboration with PHJC and AllCare) finalized their CHA, the CHP prioritization process was vetted widely throughout the community via focus groups, online surveys, paper surveys and stakeholder groups who all represented the above population. JCC’s linkage to So-Health E also serves to bring in voices from persons representing communities of color and those experiencing health disparities.

JCC continues to review and discuss data related to racial, ethnic and social disparities, both with the CAC and the BOD and with more community based data with the RHEC. JCC is committed to addressing these disparities as part of their ongoing transformation work.

(c.) Contractor shall conduct the CHA and CHP so that they are transparent and public in process and outcomes. Contractor shall assure that the contents and development of the CHP comply with Section ORS 414.627.

Describe actions to meet this objective:

As noted above, the process was engaged in with 2 other CCOs and throughout engaged all CACs of those CCOs and the larger community, both stakeholders and community members. JCC’s CAC meetings are open to the public and the CHA and CHP documents are posted on JCC’s website and are widely distributed.

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(d.) The CHA and CHP adopted by the CAC shall describe the full scope of findings, priorities, actions, responsibilities, and results achieved. The CHP may include, as applicable: *Check all that apply*

- Findings from the various community health assessments made available by OHA to Contractor
- Findings on health needs and health disparities from community partners or previous assessments
- Findings on health indicators, including the leading causes of chronic disease, injury and death in the Service Area
- Evaluations of and recommendations for improvement of school based health systems in meeting the needs of specific pediatric and adolescent health care needs in the community
- Focus on primary care, behavioral health and oral health
- Analysis and development of public and private resources, capacities and metrics based on ongoing CHA activities and population health priorities
- Description of how the CHA and CHP support the development, implementation, and evaluation of patient-centered primary care approaches
- Description of how the objectives of Health Systems Transformation and Contractor's Transformation Plan, described in Exhibit K, are addressed in the CHA and CHP
- System design issues and solutions
- Outcome and Quality Improvement plans and results
- Integration of service delivery approaches and outcomes
- Workforce development approaches and outcomes

Describe actions taken and/or barriers to work:

A list of the CHA's and other data sources used for JCC's CHA is noted in the appendix.

JCC works with many community organizations, and health related partners to analyze and evaluate all of the areas as noted above. Many of these system design and quality areas are noted in JCC's Transformation Plan, PIP, Transformation Grant and other documents. These learnings are reflected in CHP and other work throughout the agency.

JCC supports expanding workforce through the use of Traditional Health Workers, including Health Navigators, and currently supports several positions at the local FQHC's and hospital EDs.

JCC has taken a thorough and planned approach to implementing, strategizing and prioritizing various efforts as outlined within the CHP. This process creates a strong foundation for implementation efforts, though can also stretch the work timeline out longer.

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(e.) The CHP shall identify the findings of the CHA and the method for prioritizing health disparities for remedy. Contractor shall provide a copy of the CHP, and annual progress reports to the CHP, to OHA June 30 of each year.

Deliverable: CHP progress report due to David Fischer at DMAP by June 30, 2015.

(f.) Adopt a comprehensive local plan for the delivery of local mental health services for children, families, adults and other adults that describes the methods by which the LMHA will provide those services.

Describe actions to meet this objective, if applicable, may reference another CCO related report or document.

Jackson County Mental Health (JCMH), the local mental health organization, has completed a local comprehensive plan, and did so in conjunction with JCC's CHA and CHP. Staff of that organization participated in many areas of work to complete JCC's CHA and CHP, and continue to be engaged in work that overlaps.

JCC has expanded the partnership with JCMH as evidenced by improved rates of JCC members who have a follow up within 7 days of hospitalization for mental illness.

JCC has partnered with the Birch Grove Clinic organizations (providing new clinical care model for members with SPMI and acute chemical dependency diagnosis) to develop sustainability model(s).

JCC is actively working to develop policies and workflows for special needs population in collaboration with JCMH and the 4 DCOs.

Additional information on JCC and JCMH work is available in the Transformation Plan.

June 30, 2015

Jackson Care Connect CHIP Update

HEALTHY BEGINNINGS:

Strategy & Staff	Past month highlights & Challenges	CAC engagement opportunities
<p><u>Perinatal Collaboration:</u> Participate in preconception health programs to improve birth outcomes, including reduction of substance use during pregnancy</p> <p><u>Staff:</u> Heidi Hill (Engagement Coordinator), Ginger Scott (Transformation Specialist), Belle Shepherd (OHA Innovator Agent)</p>	<ul style="list-style-type: none">• The Health Care Coalition of Southern Oregon (HCCSO), is the grantee for the <i>One Key Question</i> (OKQ) Initiative in Southern Oregon. The OKQ initiative engages and screens women on pregnancy intent, in order to reduce unplanned pregnancies and to improve health outcomes. HCCSO, in partnership with CCOs and the Regional Perinatal Task Force, have provided a variety of supports for this initiative in Jackson and Josephine Counties:• Perinatal Task Force sponsored a reproductive health update on November 13, 2014 with 75 people in attendance. Information on the full range of contraceptive methods and skill building sessions were provided.• Belle and Jennifer Johnstun (PrimaryHealth CCO) presented regional work on OKQ to CCO Medical Directors group (QHOC) in February, to promote local activities as related to new contraceptive use metric. The presentation was well received.• Preconception health toolkits have been produced with all patient education materials available in English and Spanish. Ongoing distribution to providers.• 5,000 bottles of prenatal vitamins have been purchased and are available at implementation sites, to increase access for pregnant or planning women.	<p>CAC has participated in a multi-CAC/CCO learning collaborative around this initiative in October 2014.</p> <p>CAC members receive ongoing updates as available.</p>

	<ul style="list-style-type: none"> • An educational video/PSA is being developed to share in a variety of clinical and other settings. 	
<p><u>Early Childhood Investment:</u> Support development of Early Learning HUB with a focus on kindergarten readiness</p> <p>Staff: Jennifer Lind, CEO (HUB Executive Board), Belle and Blair Johnson, CAC member (HUB Agency Advisory Council and Home Visiting Network)</p>	<ul style="list-style-type: none"> • In late 2014 Southern Oregon Early Learning Services (SOELS) received it's HUB contract from OHA. JCC and other regional CCOs have been engaged and supportive of the work, and the work aligns with JCC's CHP focus areas. HUB activities are ongoing, including creating a staffing foundation, providing trainings and engaging with community partners in the work. • HUB provided training, in partnership with other agencies, in Trauma Informed Care to regional child care and early learning providers in February. • The HUB continues to develop its' staffing and governance model. The new Executive Director is Mary Curtis-Gramley, and additional positions are open or to be posted soon. • They received the early literacy grant and are now establishing the process for that work. 	<p>Develop recruitment strategies for parent advisory council member to be on JCC CAC.</p> <p>CAC members welcome to attend Agency Advisory Committee.</p> <p>CAC has participated in a multi-CAC/CCO learning collaborative around this initiative in October 2014.</p>
<p><u>Youth At-risk:</u> Participate in multidisciplinary work improving basic needs for vulnerable youth including addictions, trauma, homelessness, food insecurity and mental health.</p>	<ul style="list-style-type: none"> • Southern Oregon Success (SORS), committee formed to address issues of youth from early childhood through career experienced an executive administration change. A new Executive Director and governance structure has been identified and convened. Work-plan continues to be fleshed out. • Staff has been exploring other community agencies serving at-risk youth including Winter Spring and Life Art. Winter Spring provides grief counseling and support for youth who have experienced loss and death. Life Art is an art based therapy program for youth, which grew out of several Latino youth suicides. Both programs work with a 	<p>Possible CHIP Grant Fund for CAC to control and disburse as they deem appropriate alignment with CHIP.</p> <p>CAC brought members from Winter Spring and Life Art to a CAC meeting for a presentation and Q and A session.</p>

<p>Staff: Heidi Hill, Patrick Shed and Rich Rohde (CAC members)</p>	<p>variety of at-risk and in need teens. There is movement to fund a CAC Granting fund designed to support these types of existing community based projects targeting at-risk youth.</p> <ul style="list-style-type: none"> JCC CAC has formed a joint workgroup with two other regional CCOs to work on at-risk youth issues in collaboration. They recently attended an outreach event and provided Medicaid 101 education to over two hundred youths. 	<p>Patrick Shed and Rich Rohde represent JCC on the joint workgroup. Engagement is still in its preliminary stages.</p>
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HEALTHY LIVING:

Strategy & Staff	Past month highlights & Challenges	CAC engagement opportunities
<p><u>Oral Health:</u> Evaluate and improve oral health services for members and community</p> <p><u>Staff:</u> Heidi Hill, Anne Alftine and future Community Engagement Staff</p>	<ul style="list-style-type: none"> A staff workgroup has been formed and will begin meeting regularly to identify specific strategies for oral health. Communication/accountability between DCOs and CCOs is a primary example of issues to explore in this arena. A regional oral health coalition is in the formation stages and Community Engagement Program Manager and potential CAC representative will sit on the steering committee. 	<p>Heidi to recommend CAC engagement in process when appropriate in timing and topic.</p>
<p><u>Member engagement in Health:</u> Engage and empower individuals to participate in self-management and healthy behaviors.</p> <p><u>Staff:</u> Heidi, Belle, Caryn McLane, Riki Rosenthal</p>	<ul style="list-style-type: none"> Starting Strong, a perinatal incentive program, has launched and a Starting Strong Specialist has been hired, to provide oversight and engagement in the program. This program provides goods to support baby and mom as incentives to doing things in alignment with a healthy lifestyle and pregnancy. Prenatal care, oral health exam, nutrition workshops, etc. Inventory ranges from diapers to car-seats. Used books are collected and distributed free of charge and all other merchandise is new. 	<p>CAC members are gathering books and other supplies for give-aways through Starting Strong.</p> <p>CAC members regularly attend events offered at the YMCA through our sponsorship.</p>

	<ul style="list-style-type: none">• Starting Strong had a recent open house broadly publicized to our members and it was well attended by our pregnant population and their families.• The Medford YMCA partnership has entered a new phase which will allow for JCC members to have a reduced membership fee. A direct mailing was issued to our membership and the YMCA is experiencing a great influx. To date: we have had 1,100 total JCC members join the YMCA, and maintain their membership by attending and using the facility at least eight times a month. The YMCA reports this is an excellent retention rate and above their average for the general population. We are also beginning to look closer at the YMCA population with our new data analyst to determine who these members are and what their utilization of medical services is. This will be very interesting when we take a closer look at those participating in the 12-Week program, and this program has been selected for a state-wide Clinical Innovation fellowship program project.• We are also now in contract with the Ashland YMCA to offer the broad scholarship to our members through that facility as well as Rogue Valley Family YMCA in Medford.• JCC supports a variety of community health events and programs. In the next two months, we will be sponsoring a Developmentally Disabled learn to bike clinic, and will provide some scholarship dollars for our members who sign up, this is just one example of community/member initiatives JCC makes possible for a variety of small health-related projects. Some other projects that have been	
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	<p>made possible with the help of JCC is the chronic pain support group, transportation for children in low income school to the Mayor’s Cup two mile community race, and Butte Falls Community Center renovation.</p> <ul style="list-style-type: none"> • Community Engagement Program Manager and CAC members have also done monthly member meetings, open to our membership and conducted in a question/answer format. Translators and Assistors are always available on-sight. At each meeting, we have approximately 30 people in attendance. 	
<p><u>Healthy Communities:</u> Collaborate to reduce adverse affects of social determinants of health</p> <p><u>Staff:</u> Heidi, Belle</p> <p>CAC members: George Adams (United We Ride steering committee member)</p>	<ul style="list-style-type: none"> • United Way and Jackson Care Connect will be sponsoring a joint bike share program. This program will provide service to those in poverty, assist in their transportation goals, and support the values of good health outcomes and healthy communities. Previously, “United We Ride” (part of the local transportation district - RVTD) administered a bike give-away program with donated bikes that are often not in the best repair. After intensive research they determined ZAGSTER to be the best alternative with a very low theft rate, and turn-key operations. These will be located close to bus stations and major employers in White City, Medford and Ashland and will assist in the RVTD decrease in services by providing workers with an option to use the bike to connect from station to work and back in time to catch a bus home. This project will provide 47 bikes locally. • A pilot project for a “Veggie Rx” pilot program began at the two local FQHCs in March 2015, and was sponsored by 	<p>CAC discussed Zagster and offered support, especially since this project not only addressed working poor transportation needs, but also adults with developmental disabilities, who have fears about riding buses.</p> <p>CAC discussed Veggie Rx and offered thoughts and recommendations.</p>

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	<p>two local CCOs, including JCC. The pilot provided stipends to members of either a Diabetes management class, or ones working with a community health worker. Clients received a tool kit of recipes and information and \$10 a week for 6 weeks of “wooden coins” to spend at local Farmer’s Markets. Pre and post tests will be conducted to determine if client’s self-report eating more fruits and vegetables after this program. Results of the pilot program will help define areas of expansion for this program. Engaged planners include: FQHC’s, Jackson County Public Health, ACCESS food bank and systems coordinator and CCO staff.</p>	<p>CAC to offer public policy support when appropriate.</p>
<p><u>Tobacco:</u> Support policy development and individual interventions that reduce the burden of tobacco use</p> <p><u>Staff:</u> Heidi, Belle</p>	<ul style="list-style-type: none"> • JCC staff and Innovator Agent have been working with Jackson County Public Health’s Tobacco Policy and Prevention coordinator, Caryn Wheeler, to identify ways to overlap and work together. This work is still in early stages due to other overlapping priorities, however relationships and discussions have been valuable for CCO engagement opportunities. • Jackson Care Connect Staff is working with Jackson County Public Health to determine best practices in prevention for special populations and to identify public policy that could benefit from CCO support. 	<p>Caryn presented on the Tobacco program at Public Health, and additional data to the CAC in April 2015.</p>

HEALTH EQUITY:

Strategy & Staff	Past month highlights & Challenges	CAC engagement opportunities
<p><u>Health Disparities:</u> Diminish health</p>	<ul style="list-style-type: none"> • The Regional Health Equity Coalition, So Health E, held 	<p>So Health E to deliver Health Equity data presentations to CAC when</p>

<p>disparities directly related to race and ethnicity.</p> <p>Staff: Heidi, Belle, CAC members: Jackson Baures, Jackson County Public Health Division Manager</p>	<p>its' Strategic Planning Retreat in February. The regional disparities data report is near completion and we have plans to present to local community partners.</p> <ul style="list-style-type: none"> • So Health E data committee collecting and reviewing race and ethnicity data as available for outcomes related to health, education and social issues. Planning for outreach education to community stakeholders. • So Health E and the three local CCOs sponsored Health Literacy trainings by Dr. Cliff Coleman on April 29th and 30th with sessions in Grants Pass and Medford. The meetings were well attended and well evaluated by all attendees. Several providers also attended, which were a strong part of the intended invitees. 	<p>available</p> <p>CAC members attended the health literacy trainings and will also view the health disparities report when available.</p>
<p><u>Social determinants of health:</u> Increase awareness of how poverty and trauma influence health and support community efforts to decrease poverty and build trauma-informed services</p> <p>Staff: Heidi, Belle, Ginger</p>	<ul style="list-style-type: none"> • JCC piloted a bus-token program for a small portion of our case managers to assist in alleviating some transportation needs with our members and ease provision of service for our providers. This service was not utilized as much as anticipated. • JCC, in collaboration with AllCare CCO, has been convening a Trauma Informed Steering Committee for over a year. This committee will enter into a formal TIC learning collaborative spanning 18 months beginning this fall. The focus is on a community based program vs an agency based program so that a variety of participants can engage at the level that works best for their agency. Over 25 local agencies, including FQHC's, Hospitals, 2 Mental Health agencies, Addictions agency, youth support agencies, etc, have been engaged in the steering committee work. 	<p>CAC to provide insight and feedback on programs targeting the social determinants of health.</p> <p>Efforts to engage and inform the CAC of TIC work will occur as the process continues to move forward.</p>

