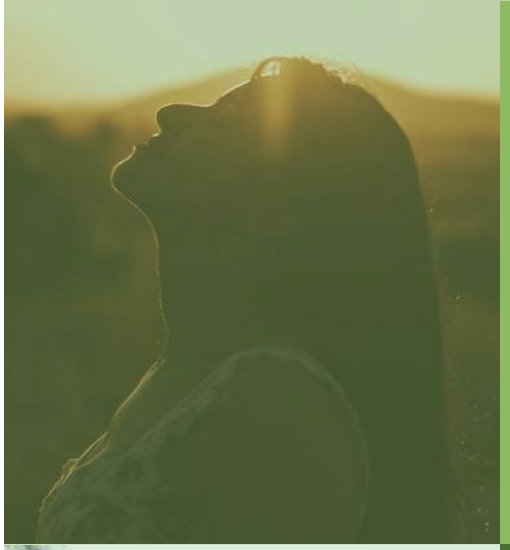
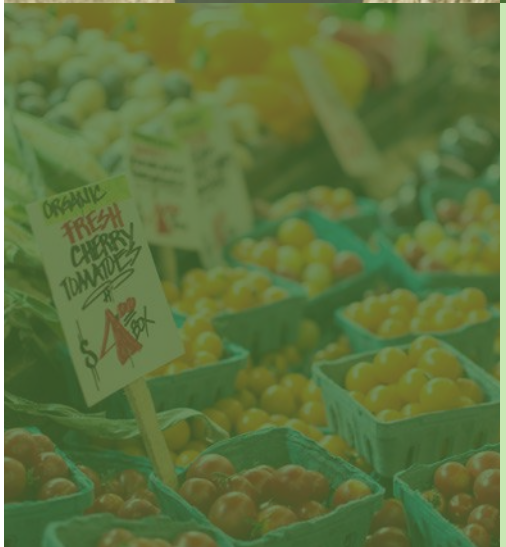
COLUMBIA GORGE HEALTH COUNCIL

Strategic Plan
2021 - 2025

Healthy people, healthy families,
and healthy communities

Summer 2021





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Letter from the Executive Director

I am proud to share with you the Columbia Gorge Health Council's 5-year strategic plan. We are sharing this plan with you to show our commitment to working together to reach our vision, We have a vision of community health and well-being for all people in the region—**healthy people, healthy families, and healthy communities**.

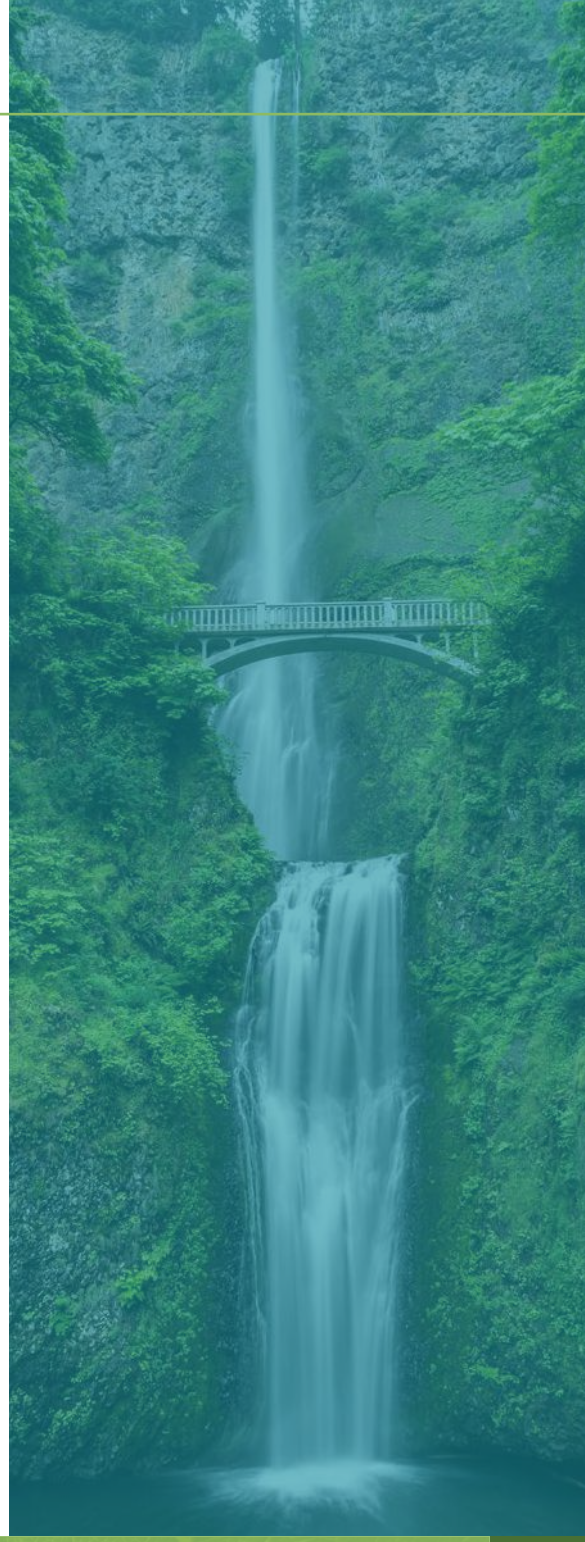
The purpose of this plan is to help community members and partners understand the work of the health council. It is also to guide the work of our health council board, staff, and the committees we run, like the Community Advisory Council and the Clinical Advisory Panel.

Many people were involved in creating our strategic plan to make sure it reflected what was most needed from our health council. These people included:

- **Community Advisory Council members**
- **Clinical Advisory Panel members**
- **Health Council Board members and staff**
- **Patients and Oregon Health Plan members**
- **Community partners from social service agencies**
- **Providers and partners from health care organizations**

We believe our strategic plan focuses on the priorities that will help us achieve our vision. I look forward to our journey as we work together to address barriers to health and well-being in the Columbia Gorge.

Jenny Anglin, MHA
Executive Director
Columbia Gorge Health Council



About the Columbia Gorge Health Council

The Columbia Gorge Health Council is a non-profit 501(c)3 organization. We started in 2012 to support collaborative efforts to improve health and health systems in the Columbia Gorge. The Health Council partners with PacificSource Community Solutions to govern the Columbia Gorge Coordinated Care Organization (CCO).

A Coordinated Care Organization (CCO) is a network of all types of healthcare providers who work together in their communities to serve people who receive care under the Oregon Health Plan, or Medicaid.

These healthcare providers include:

- **Physical health care**
- **Addiction treatment**
- **Behavioral health care**

CCOs work to prevent health problems and help people manage chronic conditions, like diabetes. This gives people support to be healthy. It also helps reduce emergency room visits.

Vision and Mission

Our Columbia Gorge Health Council addresses barriers to health and well-being in the Columbia Gorge. We do this by working with partners to bring forth solutions that are driven by the community. We lift patient and provider voices. We bring partners together, invest funds, and support collective efforts to improve:

- **Health quality**
- **Access**
- **Equity**

Please see **page 18** for how we define "equity".

We have a vision of

community health and well-being

for all people in the region

Healthy people, healthy families, and healthy communities.

Collaborate

To have community health and well-being means that systems, organizations, and people work and coordinate together. Our Health Council works to bring these players together to make improvements at the systems level.

Innovate

Our region has a long history of thinking outside of the box. Our region is willing to experiment, to take risks, and to try new things that will help us bring better health and well-being for all.

Promote Equity

Structural inequities and biases keep people in our region from getting the services they need. We commit to building equitable systems in our organization and our community. We do this so that each person has a chance to be healthy.

Inclusive

We believe that each person is an expert in their own life. We include all voices, especially those of CCO members and providers. That way, we can build a healthcare system in our region that works for all.

Accountable

We are charged with public and charitable funds. We commit to being transparent and responsible with these funds. We keep our commitments to patients, partners and the community. We strive to evaluate our work and constantly improve.

Bring together community partners from different sectors to work together

Our Health Council brings together key players in the health system. They work together to oversee Medicaid services in Hood River and Wasco Counties. Consumer members and clinicians advise the CCO through our Community Advisory Council and Clinical Advisory Panel. We also bring coalitions together to meet community needs. One example is the regional COVID response.

Facilitate coordinated assessment and planning

We bring together over 75 organizations to complete a regional Community Health Assessment. Then they create a shared set of health and healthcare priorities based on the Assessment results. This is called the regional Community Health Improvement Plan.This process helps make sure that joint efforts to improve focus on the biggest needs.

Initiate, support, and implement collaborative programs

We seed, support and sometimes run collective impact programs. These are programs where different groups come together to solve a specific social problem. An example is the **Bridges to Health Pathways** program.

Our Health Council promotes unique solutions to health care challenges in our region. We do this by drawing on:

- Key partners
- Resources
- Groups in our network that work together to solve problems such as our Community Advisory Council, Board and Clinical Advisory Panel

Invest in solutions to improve health that are driven by the community and patient-centered

We invest CCO savings and attract more investments to support **community health improvement projects**. We do this through our community grants program. The projects that we fund:

- **A**lign with Community Health Improvement Plan goals of our region
- **A**dvance health care quality, and
- **A**ddress social determinants of health and equity

Elevate community voice

We advocate for patients and providers at the local, regional, and state levels. By listening to patients and providers, we can help find systemic barriers and inequities. Then we advocate for review and action.

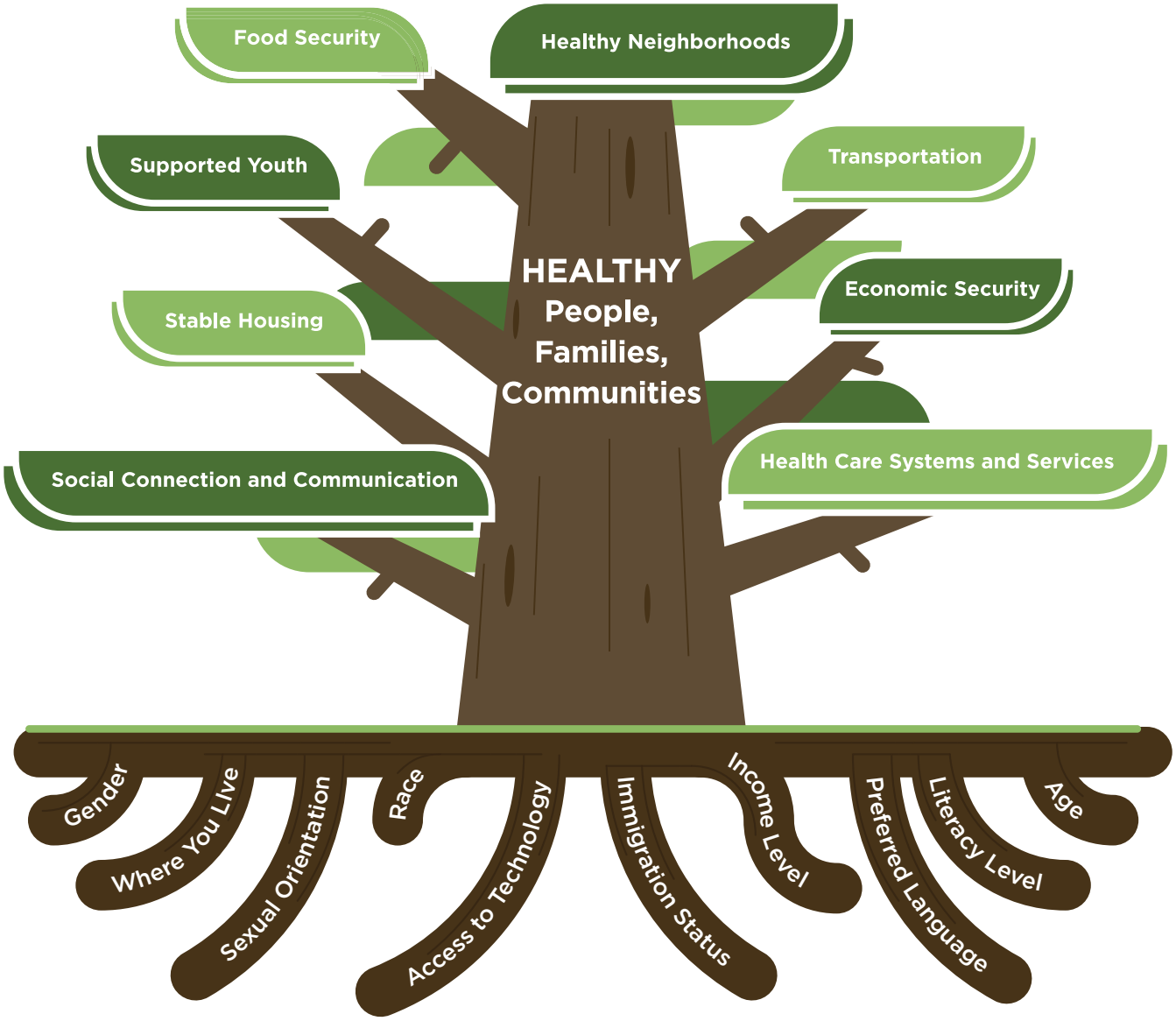
Our Values	Our Work	Short-Term Impact	Long-Term Impact
• Collaboration • Innovation • Equity • Inclusion • Accountability	• Convene partners • Coordinate assessment and planning • Support collaborative initatives • Invest in SDOH-E and health improvement • Elevate community voice	• Address SDOH-E • Improve access to equitable care • Improve quality of care • Increase provider retention • Improve provider network capacity	• Health equity (decrease health disparities) • Improved health • Decreased cost of care • Improved member experience • Improved provider experience

Working Together Leads to Community Health and Well-Being

Our Columbia Gorge Health Council believes in coordinated regional efforts to improve social determinants of health and equity. We believe this will drive our vision of healthy people, health families, and healthy communities.

Social Determinants of Health and Equity

Structural Inequalities, Bias and Discriminations to Identify and Address



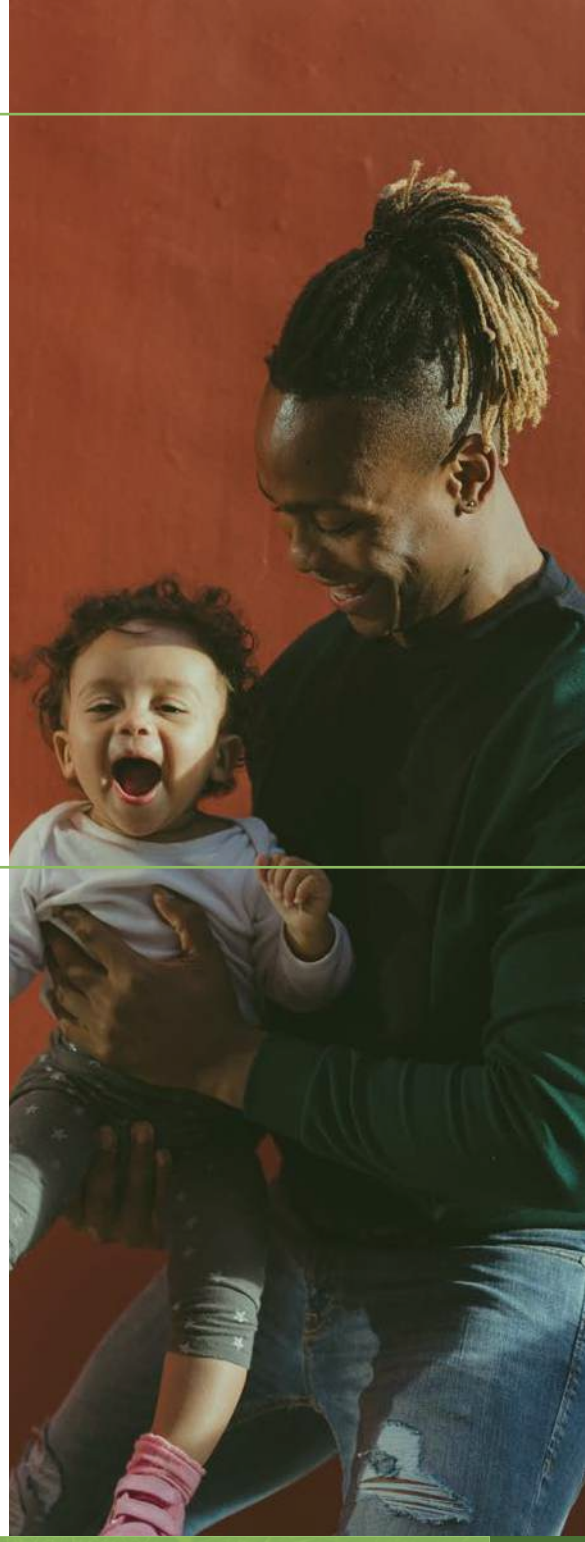
Please see page 18 for how we define equity.

Strategic Plan 2021 to 2025

The Columbia Gorge Health Council engaged in a collaborative assessment and planning process in 2021. We did this to chart a path for the Council through 2025.

The process included an assessment of our Health Council. As part of that, we interviewed more than 20 Health Council staff, board members, and key partners. We also secured input from our Board, our Community Advisory Council and Clinical Advisory Panel.

A diverse Strategy Team lead the strategic planning effort. It was made up of Health Council Board members, partners, patient advocates, health care workers, and members. Our Board of Directors approved the plan in June 2021.



Strategic Priorities

Our Health Council identified five strategic priorities for the coming years:

1. **Build organizational capacity to support long-term sustainability.**
2. **Maintain a high performing CCO.**
3. **Advance health equity both inside and outside our Council.**
4. **Secure, strengthen and expand the Bridges to Health program.**
5. **Increase support for our regional behavioral and mental health system.**

Priority #1: Organizational Capacity and Sustainability

We need to ensure the Health Council's long-term success. To achieve this, we need to invest efforts and resources to build a strong foundation.

This includes that we secure enough steady funding to:

- **Support our Health Council's staffing needs.**
- **Make our financial and administrative systems very professional.**
- **Communicate clearly with partners about the Health Council's work and impact.**

By 2025, success looks like:

- **The Health Council has secure and steady funding.**
- **Staffing levels allow our Health Council to perform its work and carry out its strategic plan.**
- **There are equitable policies, systems, and processes. They are set up, written, and put into action in an effective way.**
- **Our Board is engaged, informed, and committed to the work of the Health Council and to each other.**
- **The public receives clear communication about and understands the role of the Health Council.**

Goals and example activities:

1. Secure enough steady funding to support our programs and staff.

- Increase contracts that bring income to reflect the true costs of running the CCO.
- Review past financial commitments to decide if they apply in the future.
- Use investment plans to earn interest on funds held in reserve.

2. Document policies, procedures, and processes.

- Develop a new process for consistent financial reporting to the Board.
- Update systems for tracking bills, payments, and contracts.
- Develop and carry out a grant management system.

3. Build the capacity of the Health Council's Board of Directors through recruitment, onboarding and education, and updated Board structures.

- Develop materials and packet for new Board members.
- Update the structure of Board subcommittees.
- Evolve Board meeting agenda design and norms to support carrying out the strategic plan.
- Recruit diverse and consumer representatives.

4. Clearly communicate inside and outside the Council about our work and its impact in the community.

- Hire a communications consultant to develop an updated messaging and communications plan.
- Update the website.
- Make sure future communications are easy to understand. This includes plain language and Spanish language translation.

Priority #2: High performing CCO

The State scores how a CCO performs in all areas of work. Since 2012, the Columbia Gorge CCO has been one of the highest performing CCOs in the state. The success of our CCO is due to the efforts of awesome health care providers in our region, and strong partnerships between PacificSource, the Health Council, and healthcare partners in the region. Our Council will keep making efforts to maximize how the CCO performs in regard to access, quality, and other metrics set by the Oregon Health Authority.

By 2025, success looks like:

- **The Columbia Gorge CCO continues to perform better than other CCOs in the state in performance metrics set by the Oregon Health Authority.**
- **Our Health Council regularly receives extra funding through shared savings and by meeting performance metrics set by the Oregon Health Authority.**
- **The Community Health Assessment and Community Health Improvement Plan process continues to engage key players in the health care system.**
- **It is easy for community partners and the public to view, access, and follow our community's progress towards the goals of the Community Health Improvement Plan.**

Goals and example activities:

1. Meet or exceed CCO performance metrics set by the Oregon Health Authority.

- Create a scorecard to help the Board follow how the CCO performs across key metrics.
- Set up a Board subcommittee to focus on how the CCO performs.

2. Consistently rank in the top 3 CCOs on Quality Improvement Metrics performance.

The State has standards for how it expects CCOs to perform. This metric is one of them.

- With PacificSource, develop a smooth process to share about Quality Improvement Metric requirements and performance. Do this from the Clinical Advisory Panel to clinicians and teams.
- Set up Quality Improvement Metrics champions, or leaders, at each clinic.

3. Develop a system for ongoing review and tracking of the progress of the Community Health Improvement Plan goals.

- Explore engaging in Community Health Assessment and Community Health Improvement Plan process every 5 years.
- Design and build a platform for the public to access the progress of the Community Health Improvement Plan goals.

4. Adopt a universal resource referral system for medical and community-based organizations.

This system would allow these medical groups and organizations to:

- Send and receive referrals.
- See patient or client information to support them better.
- See what resources they can offer the patient or client.
  - Review options for community referral and Community Information Exchange platform options.
  - Bring together key health and social service system players to agree on a coordinated way forward.

Priority #3: Advance Health Equity

Health equity is when every person in our community has a fair and just opportunity to be as healthy as possible. To achieve health equity, we must identify and address systemic barriers that keep some people from having access to the support they need. Our Health Council commits to advancing health equity throughout the region. We will make this a priority in the coming years.

By 2025, success looks like:

- **The region has made progress that can be measured in addressing structural barriers to health. As a result, we have seen health disparities decrease among underserved communities.**
- **Our Council and Board members have been active leaders in advancing health equity in our region. We see concrete efforts to make health care services and systems more equitable and inclusive to all.**

Goals and example activities:

1. Advance equity and inclusion within the Health Council as an organization and workplace.

- Complete a Diversity, Equity, and Inclusion Self-Assessment to decide priorities and activities.
- Recruit diverse members to the Clinical Advisory Panel and Board as positions open.
- Ensure that meetings:
  - Use plain language and popular education principles
  - Are safe and welcoming
  - Do not pose barriers so that all can participate

This includes Board, Community Advisory Council and Clinical Advisory Panel meetings.

2. The Health Council's Board drives equity practices inside the Council and within Board members' organizations.

- Include equity content as part of the regular Board meeting agenda.
- Assign a Board liaison to serve on the Gorge Health Equity Collaborative.
- Discuss strategies at the Board level to increase workforce diversity among health care workers in Board member's clinics and hospitals.

3. Continue to invest in solutions that come from the community that address social determinants of health and equity.

- Set up a process for how our Council invests funds in social determinants of health. The Community Health Improvement Plan guides what our Council funds.
- Secure more funding and support for social determinants of health and equity projects. These projects bring together many different organizations across our community to have a bigger impact.

Priority #4: Expand Bridges to Health

The Bridges to Health Pathways program started in 2017. It now operates with Community Health Workers who are Care Coordinators. They are based in 8 clinical and social service agencies in Hood River and Wasco Counties. The program has built deep partnerships. Also, partners see strong value in the role of Bridges to Health Care Coordinators as system navigators, patient advocates, and case managers.

By 2025, success looks like:

Bridges to Health:

- **Has long-term funding that can be sustained over time as a core program of our Health Council.**
- **Has broader capacity and skills to improve outcomes for clients. Qualitative and quantitative evaluation prove the improved outcomes.**
- **Program staff continue to reflect the diverse community they serve. They are based in a wide range of clinics and social service organizations in our region.**

Goals and example activities:

1. Evaluate how effective the Bridges to Health program is and its impact.

- Search for and contract with an evaluation consultant. This person designs, implements, and reports on qualitative and quantitative impact evaluation.

2. Expand capacity and expertise of the Bridges to Health program to serve the specific needs of clients.

- Explore ways to expand the Community Health Worker scope of work, for instance behavioral health interventions.
- Explore new ways to partner with existing and new programs. One example is a Care of Elders pilot to offer care and support to elders in their homes. Another is support for people in addiction and recovery with peer support specialists. These specialists are trained and have lived through addiction and recovery themselves.

3. Secure long-term funding that can be sustained to support Bridges to Health.

- Explore more and new ways to fund Bridges to Health. These include:
  - Grants
  - Funding from partners
  - Payments for services
  - Using funds saved from health care costs to pay our Community Health Workers instead

4. Keep working towards current Bridges to Health program goals.

- Support community members most in need to:
  - Improve their health and well-being.
  - Improve access to services and resources by addressing disparities.
  - Increase collaboration of services in and out of healthcare.

Priority #5: Improve Behavioral Health System

Over the years, the Community Health Assessment has declared these as significant needs:

- **Access to behavioral health services.**
- **Increased choice in behavioral health providers.**
- **Our Council will make it a priority to work with other programs to improve member choice and support for our behavioral and mental health providers and system.**

By 2025, success looks like:

- **Our Health Council convenes behavioral health system players in the region to detect and address system-wide issues.**
- **We draw to our region diverse behavioral health experts, and they choose to stay. They receive support to sustain their work and practice. As a result, behavioral health services are improved across the region. This is because people have access to services that are culturally responsive in the person's preferred language.**
- **Our regional Community Health Assessment shows improvements in access to and choice of behavioral health services.**

Goals and example activities:

1. Convene behavioral health system players in the region to detect and address system issues.

- Work with PacificSource's Behavioral Health Improvement Lead to convene a regional behavioral health advisory group.
- Recruit behavioral health representatives to serve on the Clinical Advisory Panel, Community Advisory Council, and Board.

2. Build a behavioral health workforce that is stable and diverse.

- Raise up issues of pay, benefits, and incentives for behavioral health staff with Board members.
- Engage in local and state level advocacy as to workforce challenges and needs.
- Explore options to convene a behavioral health workforce development coalition to coordinate and align regional:
  - Education
  - Training
  - Pipeline development

Thanks to our Strategy Team

The Health Council would like to thank these people for their support and service on the 2021 Strategy Team:

Jenny Anglin, MHA,
Executive Director,
Columbia Gorge Health Council

Elaine Castles, PhD,
Board Vice-Chair and Community Representative for Wasco County

Suzanne Cross, MPH, CHW,
Senior Program Manager,
Columbia Gorge Health Council

Erick Doolen,
Board Member and Chief Operating Officer, PacificSource Health Plans

Graciela Gomez,
Community Health Advocate,
The Next Door, Inc.

Paul Lindberg,
Collective Health Impact Specialist,
Former Board Member and Community Advisory Council Chair

Naomi Mayo, PhD, LCSW,
Board Member and Clinical Advisory Panel Co-Chair, Licensed, Independent mMental Health Provider

Josh Sendejas, CHW,
Bridges to Health Community Care Coordinator for Mid-Columbia Housing Authority

Amy Sugg, RN,
Director of Case Management at Mid-Columbia Medical Center

Thanks to our Facilitator

The Health Council would like to thank **Lindsay Miller** for leading and facilitating the strategic planning work on our behalf. Find her at Lindsay Miller Consulting, LLC.

Learn more about the Columbia Gorge Health Council and our work by visiting **www.cghealthcouncil.org**.

Attend a meeting of the Columbia Gorge Health Council.

Community Advisory Council

Clinical Advisory Panel

Columbia Gorge Health Council Board

Donate **here** to support our work.

COLUMBIA GORGE HEALTH COUNCIL

The Columbia Gorge Health Council uses the definition of health equity from the Robert Wood Johnson Foundation:

"Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

Equity is when all people have a fair and just opportunity to succeed. This is different from equality, which is when all people are given the same resources or supports.

Appendix II: PacificSource Community Solutions Columbia Gorge

PacificSource Community Solutions - Columbia Gorge runs the Coordinated Care Organization (CCO) in Hood River and Wasco Counties. This is through a contract with the Oregon Health Authority.

CCOs work to prevent health problems and help people manage chronic conditions, like diabetes. This helps reduce emergency room visits. It also gives people support to be healthy. Today, there are 16 CCOs in Oregon.

Our Columbia Gorge Health Council partners with PacificSource Community Solutions. Together we form the Columbia Gorge CCO.

The Columbia Gorge CCO serves over 12,000 Medicaid members in the region. The PacificSource Community Solutions model is to prevent and help manage chronic conditions. It takes the money that is saved and invests it back in the community. To date, our CCO has invested over 9.5 million dollars in community-based organizations and projects in the region.

PacificSource Community Solutions has served as the Columbia Gorge CCO since 2012. It also serves Oregon's Medicaid population in three other CCO regions. PacificSource Community Solutions is part of the PacificSource family of companies. They started in 1933 and serve over 550,000 members in the Northwest. PacificSource has local offices in Oregon, Idaho, Montana, and Washington.

For more information, visit www.PacificSource.com.

The Columbia Gorge CCO serves

12,000+

Medicaid members in the region.