



**Community Health Improvement Plan
Progress Report June 2016
PacificSource Columbia Gorge CCO**

On behalf of the Columbia Gorge Region

Community Health Improvement Plan Progress Report Overview

This report meets the contractual obligation for the Community Health Improvement Plan (CHP) progress report submission per **Exhibit B, Part 1, #4 (pages 28-30), Oregon Revised Statute 414.627, Oregon Administrative Rule 410-141-3145** and **Senate Bill 902** (effective 2015).

This report documents progress made in implementing the Community Health Improvement Plan including, but not limited to:

- Identified health priorities, resources and/or community assets;
- Strategies being used to address CHP health priorities;
- Responsible partners involved in strategies; and
- Status of the effort or results of the actions taken.

Background

The Columbia Gorge CCO is a collaborative effort of PacificSource Community Solutions, which holds the CCO contract with the state, and the Columbia Gorge Health Council (the Health Council), an independent non-profit organization which serves as the CCOs governing board through a joint management agreement. The duties related to creating the Community Health Assessment (CHA) and resulting Community Health Improvement Plan (CHP) are delegated through the joint management agreement to the Columbia Gorge Health Council. Responsibility for implementing the CHP is shared by all participants in the CCO and broadly in the community.

In 2013, per the delegated responsibilities, the Columbia Gorge Health Council led a collaboration of the following community partners who needed to complete Community Health Assessments for their regulatory or legal requirements:

- Columbia Gorge Health Council (CGHC)
- Hood River County Health Department
- Klickitat Valley Health
- Klickitat Valley Health Department
- Mid-Columbia Center for Living (MCCFL)
- Mid-Columbia Medical Center
- North Central Public Health District (NCPHD)
- One Community Health (OCH)
- PacificSource Community Solutions
- Providence Hood River Memorial Hospital
- Skyline Hospital

On the heels of successful completion of the CHA in December 2013, the Health Council and the CAC endeavored to lead a collaborative planning process to develop a comprehensive CHP utilizing a collective impact approach – a community engagement technique that has on-going impact. As a result, the CHP describes not only the top focus areas (listed below) but also a method for ongoing collaboration in the region.

Social & Economic Conditions	Direct Healthcare	Health & Healthcare Ecosystem
<ul style="list-style-type: none"> • Housing & food • Jobs • Transportation 	<ul style="list-style-type: none"> • Dental access for adults • Physical & mental health together • Mental health access for children & youth 	<ul style="list-style-type: none"> • Coordination across healthcare and social services • Health insurance re-enrollment • Coordination across the spectrum of healthcare providers (physical, mental, dental, pharmacy) • Support developmental & healthy growth in the early years.

The Community Advisory Council (CAC) is the decision-making body for approving the process, approach and focus of the CHA. In accord with the collaborative agreement that the CHA process will be repeated at the most rigorous frequency required of any of these participants, the second iteration of the CHA is in process in order to meet the IRS requirement that non-profit hospitals conduct the process every 3 years.

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.

- The Four Rivers Early Learning Hub (4Rivers) is an active partner of the Columbia Gorge CCO. There is a significant amount of crossover in membership on 4Rivers and subcommittees of the CCO. The Director of 4Rivers is a member of the Columbia Gorge CCO's CAC (Community Advisory Council) and an active participant on the CCO's Systems Integration Team (SIT). She has dedicated a significant amount of time assisting

in the design of a Bridges to Health project based on the nationally known Pathways Model. Her role has been to advocate for inclusion of childcare workers as health advocates, connectors and educators and dissemination of information about CCO activities back to childcare settings

- Local organizations that provide School Based Health, for example Public Health departments and School Based Health Center operators, are engaged at every level of the CCO (Board, CAC, Clinical Advisory Panel (CAP), SIT, other sub-committees). The Columbia Gorge CCO supported the founding of the region's first School-Based Health Center in 2015 on the Hood River Valley High School Campus. PacificSource support included participation in the community-based planning group as well as providing analytic support and financial support for the project. The SBHC offers physical, mental and preventative health services for youth ages 12-19. This one strategy addresses six (6) of the identified focus areas in the local CHP. PacificSource is supporting the current effort, led by One Community Health and the Hood River County Public Health department, to secure planning grant funding for a new SBHC in Cascade Locks, an underserved area of Hood River County.

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

- While 4Rivers staff is very actively engaged in multiple committees of the CCO, direct service providers have not been engaged at the committee level.
- Neither Wasco nor Hood River counties have active Youth Development Councils.
- North Wasco County School District was approached to consider implementing a SBHC at The Dalles High School. The School District was reticent due to a true lack of facility capacity and real estate.

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 healthcare to children and adolescents in the community.

- **PHYSICAL & MENTAL HEALTH TOGETHER:**
 - The School Based Health Center (SBHC) at Hood River High School offers fully integrated physical and mental health services accessible for youth at a time and place convenient for them.
 - PacificSource has established contracts with primary care settings allowing them to employ behavioral health professionals and bill for their services using both mental health and Health-and-Behavior codes.
 - Two of the largest Primary Care Providers have Behavioral Health Consultants (BHCs) in their clinic settings.

- **MENTAL HEALTH ACCESS for CHILDREN & YOUTH:**
 - Mid-Columbia Center for Living (MCCFL) opened a Child and Family Clinic in The Dalles to serve children, youth and their families. The Child and Family Center is more welcoming to children and families than the main clinic in The Dalles and services are focused on the needs of children and youth. MCCFL also assigned behavioral health professionals to high schools in the region to improve access for youth.
- **COORDINATION ACROSS HEALTHCARE and SOCIAL SERVICES:**
 - Through an Oregon Solutions project, community partners in the region collaborated to implement the Pathways Model with the Health Council as the host agency. This nationally recognized model mobilizes social service staff in multiple sectors to coordinate services across the spectrum producing measurable outcomes related to the social determinates of health for children and families.
 - Under the leadership of the CCO, the region is actively implementing Jefferson Health Information Exchange (JHIE) across outpatient settings, inpatient settings, childcare providers, and social service agencies.

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

As noted earlier, the collaborative nature of the Columbia Gorge region has multiple community partners working in concert towards shared goals. The activities listed below include work led by PacificSource, led by the Health Council and/or led by the multitude of community partners.

- **HOUSING & FOOD:**
 - A Gorge Wide Food Survey found that 45% of respondents reported that they receive SNAP, WIC, and/or Free and Reduced Lunch. The same survey found that 34% of respondents worry they will run out of food and 15% report that they actually had run out of food in the past month. To build a solution to this problem a collaborative effort between Gorge Grown Food Network, healthcare providers, the CCO, farmers markets and grocery stores was formed. Together they built the **Veggie RX program**. This program allows clinicians and social service providers to “prescribe” vouchers that participants can use to buy fresh fruit and veggies at local farmers markets and retail stores. This coordinated effort improved food security and health outcomes for children and their families.
 - The Supported Housing Program, funded through the Meyer Memorial Trust, utilizes community health workers to support Section 6 Housing Choice Voucher participants to expand their access to safe, decent, affordable housing through existing private market units. While homelessness is often thought of as an issue that impacts mostly adults, it is clear that stable housing is a vital factor in improving child outcomes as well.
 - Through the CAC, the CCO supported the formation of a coalition to address

childhood obesity with Transformation Funds. This coalition, FIT in Wasco, has sustained beyond the Transformation Fund project period and has had some early successes in reducing access to sugar sweetened beverages and establishing a multi-pronged approach to addressing childhood obesity.

▪ **MENTAL HEALTH ACCESS for CHILDREN & YOUTH:**

- MCCFL's Child & Family Center is implementing trauma informed programming such as PCIT (Parent Child Interactive Therapy), Seeking Safety, and the Sanctuary Model.
- Helping Hands Against Domestic Violence hired a part-time advocate to support children/families who have been victims of abuse or neglect through a grant from the Oregon Community Foundation. This position works closely with the Children's Advocacy Center in Hood River.
- The Oregon Youth Development Committee awarded a grant to the Hood River County School District in partnership with The Next Door, Inc. and Mid-Columbia Children's Council to expand implementation of trauma informed practices in schools and pre-schools.
- North Wasco County School District joined a statewide collaborative for Trauma Informed Schools.
- YouthThink is Wasco County's Alcohol, Tobacco, and Other Drug Prevention Coalition. In 2014-2015, YouthThink implemented a Transformation Fund project to expand the implementation of the Pocket Full of Feelings project. Pocket Full of Feelings is a program designed to increase Emotional Literacy among children and their parents. Through the Transformation Fund project, YouthThink launched a Pocket Full of Feelings Bootcamp with specific outreach to parents to help them teach children to identify and have words for feelings, improving social and emotional outcomes for young children.
- Mid-Columbia Center for Living was awarded a Mental Health Promotion and Prevention grant from the Oregon Health Authority to expand trauma informed care practices throughout the region in 2014-2015. This funding expanded the movement to adopt the Sanctuary Model in multiple organizations across Hood River and Wasco counties in addition to providing Mental Health First Aid classes, training in Collaborative Problem Solving, and training in Pocket Full of Feelings.

▪ **COORDINATION ACROSS HEALTHCARE and SOCIAL SERVICES:**

- The Oregon Youth Development Committee funded the Youth Connection Program at Hood River Valley High School in partnership with The Next Door, Inc. and Wasco County Youth Services Dept. to support high school students to connect with services.
- The Hood River Prevention Department and the North Central Public Health Department partnered to develop a Tobacco Cessation program that seeks to reduce the number of OHP members in Hood River and Wasco Counties who use tobacco by engaging and training primary care providers, clinic staff, and

community health workers. This project is funded through a Knight Cancer Research Grant.

▪ **SUPPORTING DEVELOPMENT IN THE EARLY YEARS:**

- The Oregon Community Foundation funded a planning process to bring together all local school districts, One Community Health, Advantage Dental, private dental providers, public health departments and the CCO to develop a Youth Dental Program. The program would provide comprehensive school based dental services for every 1st & 2nd grade student as well as every 6th & 7th grade student in the region (approx.. 2,600 students).
- Home Visiting Connections is a collaboration amongst all home visiting service providers in the region and healthcare clinics that provide maternity care. Clinics screen all pregnant women and offer referral to home visiting programs. The referrals are sent to Home Visiting Connections where the collaborative reviews the screens and determines which provider would be best suited to serve the needs of the family.
- The Systems Integration Team conducted a survey of all clinics to determine the feasibility of integrating implementation of the Ages & Stages Questionnaire between early childhood educators and healthcare clinics. Results were mixed. The full implementation of JHIE may have a positive impact on the capacity to integrate this screening process.

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

- PacificSource staff are engaged in the Regional Achievement Collaborative initiating workforce development strategies *Cradle to Career*.
- The Clinical Advisory Panel (CAP) of the CCO adopted a policy recommending that sports clearance only be completed as a component of comprehensive adolescent well care visits.
- PacificSource worked with healthcare providers to develop a letter and outreach process to reach members needing adolescent well care visits (AWCV). The CCO mailed letters to members who were due for AWCV and also provided lists of members who were due for a visit to the PCP who then conducted phone outreach. As a result of these efforts, OCH has created an internal process for reminder calls and outreach for adolescent well-care.
- PacificSource worked with Hood River Valley School District to develop a flier targeting student athletes for adolescent well care visits over the summer in order to meet sports clearance deadlines in mid-August. This information was sent electronically and via paper mail to households of youth in grades 5-11.
- PacificSource was an active planning committee participant and provided infrastructure funding for the new SBHC at Hood River Valley High School.

- PacificSource provided analytics support for the grant application to develop a new SBHC in Cascade Locks.

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.

- The Office of Equity and Inclusion helped to establish Mid-Columbia Health Equity Advocates, a regional health equity coalition.
- PacificSource contacted the Oregon Office of Equity and Inclusion to request data related to health disparities and was provided with the full CAHPS survey results and statewide reports from the Oregon Health Insurance Survey.

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

- The Health Council and CAC have been instrumental in coordinating a regional collaborative effort to implement a joint Community Health Assessment. Providence Health and Services has contributed facilitation and access to their research unit, CORE, as an evaluation partner administering the survey process and analyzing the data.
- PacificSource has engaged internal analytics resources to interpret disparities among populations served by the CCO from an extensive review of claims data. This data combined with BRFSS, Public Health information, and demographic data will give us a clearer picture of health disparities.
- The CCO has leveraged the Community Health Assessment survey with other surveys such as the Gorge-wide Food Survey to assess the current state of health in the region and develop strategies to improve health outcomes.

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.

- The CCO has reviewed Oregon Public Health BRFSS data, local and state workforce data, CAHPS Survey Data, Oregon Health Insurance Survey data, Community Health Assessment data, and demographic data in an effort to better understand the landscape as it relates to overall health and health disparities in the Gorge Region.
- PacificSource accessed internal analytics resources to sort claims data by race/ethnicity, SPMI, and zip codes to identify where disparities may exist.
- The CCO has convened an effective Community Advisory Council with strong consumer member representation. The CAC often raises issues related to health disparities and

problems with accessing services. This has been an effective resource for qualitative information.

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

- The first challenge in accessing health disparities data is clearly defining the populations that may be experiencing disparities. For example, the federal definition of SPMI (severe and persistent mental health) population includes people experiencing depression. A significant portion of the general population falls into this category which may distort the results of a data query.
- PacificSource has been challenged by missing race/ethnicity and language data for our members in the data we receive from the Oregon Health Authority.
- PacificSource's analysis of health disparities has been constrained to claims data only. We are eager to reach pervasive implementation of Jefferson Health Information Exchange to have access to clinic-generated race/ethnicity/language and clinical information about our members.

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

- Many of the healthcare and social service providers employ community health workers who have had great success at engaging the Hispanic/Latino population in classes and workshops related to nutrition, parenting, health promotion and disease self-management.
- PacificSource developed new promotional materials for NEMT services and for the expanded benefits available under the expansion that took effect July 1, 2016.
- One Community Health has integrated physical, behavioral and dental services in each of their two main clinics in Hood River and The Dalles. Because of this as well as their perinatal community health worker program, their perinatal outcomes are excellent including rates of dental care for pregnant women consistently around 95%.

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

Examples:

- The CAC includes multiple consumer representatives from minority populations and members experiencing SPMI.
- The CAC has not been successful at engaging members of the Native American or Samoan populations.
- The CAC has good representation from both Hood River and Wasco counties with some of the smaller outlying frontier communities represented including Odell and Parkdale.

There are no consumer members from Wasco County frontier communities nor from Cascade Locks.

Alignment, Quality Improvement, Integration

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.

- The Director of Mid-Columbia Center for Living (MCCFL), the Local Mental Health Authority, is an active member of the CAC, and the Board Chair of MCCFL is also the chair of the Columbia Gorge Health Council.
- PacificSource has increased staffing at the Health Plan level for Behavioral Health administration and member support services.
- MCCFL has staff who provide services at local schools and at One Community Health.
- PacificSource and LMHA meet regularly to coordinate service provision and scope.
- MCCFL is a participant in the Community Health Assessment, currently in process.

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

- The Transformation Plan outlines strategies to enhance coordination across healthcare and social services; a priority focus area in the CHP. The following is a list of Transformation Plan strategies that support this CHP focus area.
 - The CCO has invested in infrastructure to support implementation of the Jefferson Health Information Exchange (JHIE)
 - Transformation Funds launched the Bridges to Health project to implement the nationally known Pathways Model to coordinate services across sectors.
 - Coordination and tracking of assessments for children in the foster care system.
 - CAC members regularly review and edit member materials distributed by the health plan.
 - Education and engagement strategies were developed and implemented through Transformation Fund projects with special consideration for Hispanic/Latino populations.
 - Establishing a baseline of and improvement targets for increasing access to interpretation services.
- The Quality Improvement Plan was developed in concert with the Transformation Plan and incorporates the focus areas of the CHP where possible. The following is a list of initiatives that contribute to the focus areas highlighted in the CHP.
 - Care Coordination/Case Management Program: Nurse Case Managers, Member Support Specialists, Behavioral Health Specialists, and Pharmacists

assist in managing the care of members who have multiple uncontrolled chronic and/or complex medical/behavioral health/dental conditions and/or have complex conditions that are complicated by significant barriers in social determinants of health.

- Intensive Care Coordination Services: Specialized case management service provided to OHP members who are aged 65 or older, blind, disabled or have special healthcare needs.
- Community Health Development: The practice of identifying a community's health concerns, mobilizing resources, and implementing solutions.
- PacificSource has aligned the Performance Improvement Projects (PIPs) with the CHP focus areas where possible:
 - Increasing Adolescent Well Care Visits.
 - Opioid Management (state requirement)
 - Dental Care in Pregnancy
 - Ensuring appropriate care is delivered in appropriate settings.

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

- CGHC initiated a collaborative process to implement a regional community health assessment (CHA) which resulted in a comprehensive Community Health Improvement Plan (CHP).
- Providence Hood River Memorial Hospital responded to this collaborative effort by funding a Collective Health Impact Specialist to serve any organization within their service area. Paul Lindberg works in this position, contracted through the regional United Way organization, and has expertise in resource development and grant writing. In the past 2 years, this strategy has resulted in over \$2.4 million dollars in grant funds coming into the community to address the focus areas outlined in the CHP.
- The CAC was instrumental in developing and implementing the CHA. Members of the CAC helped to distribute surveys and conducted outreach to encourage participation. The CAC used the survey results to develop a comprehensive CHP prioritizing specific focus areas to improve population health. The CAC used the CHP as a guideline for awarding Transformation Fund Projects designed to jumpstart Health Transformation in the region.

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

- **PHYSICAL and MENTAL HEALTH TOGETHER**
 - MCCFL partnered with North Central Public Health District to start a walking group at the MCCFL Cottage.
 - OCH and MCCFL partnered to co-locate two behavioral health clinicians at the OCH clinics.

- Community processes have been initiated to problem solve issues related to transitions and health insurance enrollment for criminal justice involved individuals.
- **COORDINATION ACROSS HEALTHCARE and SOCIAL SERVICES**
 - The SIT researched issues related to coordination of the Ages and Stages Questionnaire. There is some movement on coordinating efforts of early childhood providers and PCPs.
 - The CCO's CAP chartered a workgroup to address Pain and Opioid Treatment recommendations.
 - The CCO has lead the process of implementing JHIE throughout the region.
 - OHP Enrollment Assistors established a support network to coordinate efforts to help people get enrolled and stay enrolled in the Oregon Health Plan.
 - Through a Transformation Fund project, The Next Door, Inc. developed a Capacitation Center for Community Health Workers in the region.
 - CGHC partnered with Creating Sanctuary in the Columbia River Gorge to implement a Mobilizing Action for Resilient Communities project funded by the Health Federation of Philadelphia. This project seeks to expand the movement to transform communities through the science of trauma and resilience.
- **SUPPORTING DEVELOPMENT and HEALTHY GROWTH in the EARLY YEARS**
 - Oregon's Quality Rating and Improvement System for Childcare Providers is expanding and resulting in star rated providers in the region.
 - 4Rivers has established a strategic plan that is aligned with many initiatives of the CCO.
- **DENTAL ACCESS FOR ADULTS**
 - Advantage Dental provides a Dental Hygienist to staff WIC clinics at North Central Public Health District and at Columbia River Women's Clinic
 - The Dental Care Organizations operating in our region are conducting a series of educational presentations to improve understanding between dental professionals and the largely physical health and behavioral health providers who serve on the CCO's Clinical Advisory Panel.