AllCare CCO

Community Health Improvement Plan Progress Report 2014-2015

Community Health Improvement Plan (CHIP) Progress Report 2014-2015 AllCare CCO

Introduction

AllCare CCO is based in Grants Pass and serves members primarily in Jackson, Josephine and Curry Counties with some members in Southern Douglas County. AllCare currently has more than 50,000 members with a mission to be the premier CCO in Southwest Oregon. AllCare's goal is to provide quality, cost-efficient health care to our members and community.

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

There are two hallmarks of the first year of CHIP implementation. The first involves significant organization development and groundwork for sustainability of the work moving forward. This includes work plan creation, budget development and process, identification and training of CAC member champions and process measurement targets. Secondly and equally important are the actual CHIP activities.

Summary of 2014 Chip Process

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

The following is a high level summary of the CHIP priorities and strategies. The three common focus areas and high-level strategies will remain the same for the 2015-2016 program year.

AllCare CCO

CHIP High Level Strategies Map *2014-2015*

Healthy Beginnings

Early Investment
Identify Early Learning Hub tasks and opportunities to collaborate

Adverse Childhood Experiences/Trauma
Increase awareness of ACEs body of research and implications for practice

Healthy Food and Physical Activity
Collaborate to increase physical activity opportunities and healthy food access for youth

Collaborate with local community gardens to engage youth in gardening

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

Healthy Living

Chronic Pain, Prescription Drug Abuse
Continue to support Opioid Prescribers Group (OPG) task force, including media campaigns

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

Built Environment
Identify opportunities for collaboration on improving built environment projects

Health Equity

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

Food Insecurity
Support current food bank programs

Cultural Competency and Language Access
Increase provider cultural competency

Increase number of medical interpreters

Transportation
Improve quality and availability of non-emergent medical transportation

Oral Health
Support recent expansion of oral health services in Curry County

CHIP Infrastructure and Organization Development 2014-2015

A key component of CHIP progress and work since submission in July 2014, has been significant organization development. AllCare has devoted substantial internal resources over the last year to the development of policies, procedures, budgets, work plans and methods for monitoring, reporting and evaluation of CHIP work.

At the ***organization level***, AllCare has spent several months on the development of a work plan tool that organizes and tracks goals, objectives, outcomes, process evaluation measures, budget ranges, community partners, staff and CAC champions for each strategy, in each of three CACs. AllCare facilitated several discussions with CAC membership about what they wanted to measure, their target outputs and how they would best use a work plan tool. The utility of the work plan will be to track and monitor work but it also serves to communicate and organize CAC efforts.

Additionally, AllCare was one of the first CCOs in the State to devote CCO funding specific to CHIP projects. Half a million dollars were devoted to 2015-2016 CHIP activities, giving CACs both staff and monetary resources to carry out their CHIP activities. A formula for funding in each county CAC was established, based on the numbers of members in each county. Budget priorities and assumptions were then developed and a funding policy created and adopted by the AllCare Board of Directors.

At the ***CAC level***, work groups have been organized in each county, for each strategy area. Consumer champions of each subgroup were identified and training supported by AllCare staff. It is important to note that the geography covered in all three counties is some of the most diverse and rugged in the state, encompassing over 5000 square miles. Drive time from the Grants Pass AllCare headquarters to some CAC meetings exceeds 6 hours round trip. There remains great diversity between the three CACs, but effort has been made by CAC members and staff to hold several joint trainings, meetings and planning retreats. Additional effort has also gone into calendaring various CAC meetings, including regular full CAC meetings, multiple work groups and quarterly public meetings.

Monitoring and evaluation functions have been built into the work plan and a ***dashboard report*** from the work plan is being developed. The plan will be to have a regularly scheduled dashboard report that serves each individual CAC, executive staff and the Board of Directors.

AllCare's significant investment of time, money and people is a testament to its desire to make CHIP work sustainable in the future. The groundwork laid in the first year also affords AllCare the ability to now shift CAC emphasis to working on CHIP activities in the community.

CHIP Activities July 2014-June 2015

Contract Requirements Summary

Below is a table, provided by OHA, to summarize how AllCare CCO has met contract obligations related to the CHA and CHIP.

	Language From CCO Contract, Exhibit B #4 (Pages 28-30)	Guidance For Annual CHIP Progress Report	AllCare CCO Activity Highlights
a.1.	To the extent practicable, the contractor shall include in the CHA and CHP a strategy and plan for: Working with the: Early Learning Council Youth Development Council Local Mental Health Authority, Oral health care providers, Local public health authority, Community based organizations, Hospital systems and School health providers in the Service Area.	Describe whether and how any of these key players in the CCO's service area, as noted, are involved in CHP work. If applicable, identify where the gaps are in making connections. For example, with which of these entities are you partnering for CHP work?	***ELH:*** AllCare is working with established ELH in Josephine and Jackson Counties to support governance development, launch of parenting campaigns and conferences. AllCare supported application of Curry ELH in April 2014. ***Youth:*** Josephine & Jackson CACs working to organize and promote youth empowerment summit and Medicaid 101 programs. ***Oral Health & School-Based Health Centers:*** Curry CAC supporting oral screens in School Based Health Center in Brookings. Working with local DCO to provide oral sealants in Josephine and Jackson Counties. ***Local Public Health Authority:*** AllCare has supported hiring of clinical staff (NP and RD) to provide women's health and nutrition services at Josephine County Public Health. ***Mental Health:*** Community organization presentations to all CACs about mental health services, increasing access to Mental Health First Aid training in Curry County.

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. 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; c. Improve the integration of all services provided to meet the needs of children, adolescents, and families; and d. Address primary care, behavioral and oral health, promotion of health and prevention, and early intervention in the treatment of children and adolescents	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. What of these activities are you doing for this age population?	***Youth Food Insecurity, Healthy Food Access:*** Promotion of Vegetable Rx Program Pilot in Josephine and Jackson Counties & Raptor Creek summer camp program in Josephine County. Also providing food vouchers for use at farmers markets to encourage fresh food use. ***SBHC***: working to expand mental health and oral health services at SBHC in Brookings. ***ACEs:*** members from all three CACs attended ACEs training in fall of 2014, several members of Jackson CAC attending and participating in Jackson County TIC Task Force. AllCare also supporting TIC 3 year work plan. ***Parenting education:*** supporting VROOM campaign and Southern Oregon Parent Conference. Supporting Parent Relief nursery and Home Visiting programs with grant dollars. ***Youth Homelessness:*** CAC worked with other CCOs to organize and support Youth Summit in 2015.
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; school nurses, school mental health providers, and individuals representing child and adolescent health services.	Identify ways CCO and/or CAC have worked with school and adolescent providers on prioritized health focus areas.	***CAC membership:*** School nurse currently sits on Curry CAC. Director of SOELS (Josephine & Jackson ELH) sits on Josephine CAC. Early Investment ***work group*** in all three CACs.

b.	Contractor, with its CAC, shall collaborate with OHA Office of Equity and Inclusion to develop meaningful baseline data on health disparities. Contractor shall include in the CHA identification and prioritization of health disparities among Contractor's diverse communities, including those defined by race, ethnicity, language, disability, age, gender, sexual orientation, and other factors in its Service Areas. Contractor shall include representatives of populations experiencing health disparities in CHA and CHP prioritization.	For each of the chosen CHP priorities, describe how the CCO and/or CAC(s) worked with OEI to obtain baseline data for different populations within the community including socio-economic demographics, health status and health outcomes. If available, 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. What barriers have you experienced in obtaining data? What successes or challenges have you had in engaging populations experiencing health disparities?	Staff and CAC members participate in newly formed ***Regional Health Equity Coalition.*** The coalition is supported by Office of Equity and Inclusion. AllCare supported development of their strategic plan and two publications on regional health equity data. ***CAC membership:*** Outreach for new CAC members happening at new enrollee orientation, with intention to recruit more consumer members to the three CACs. Pathways and Active Transportation ***assessment*** efforts in Jackson County being supported by Jackson CAC. ***CAC survey*** about accessibility, location of meetings and needs completed in 2014, changes implemented in food, location and timing of meetings to accommodate diverse needs of CAC membership. AllCare uses flexdollars to pay for ***transportation*** barriers for locations not covered by NEMT. AllCare provided grant to develop supportive housing programs and Family Nurturing Center for at-risk families Josephine county. AllCare facilitated the Brookings Recreation and Aquatic Center Task Force, resulting in the development of a charter, organization goals and community development opportunities for first recreation and aquatic center in the county.

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.	Per ORS 414.627: "If the regular CAC meetings are not open to the public and do not provide an opportunity for members of the public to provide written and oral comments, the CAC shall hold semiannual meetings: that are open to the public and attended by members of the CAC; at which the CAC shall report on the activities of the CCO and the CAC; at which the council shall provide written reports on the activities of the CCO; and at which the CAC shall provide the public to provide written or oral comments." Per OAR 410-141-3145 "The CCO requirements for conducting a CHA and CHP will be met for purposes of ORS 414.627 if they substantially meet the community health needs assessment requirement of the federal Patient Protection and Affordable Care Act, 2010 Section 9007, and the Public Health Accreditation Board CHA and CHP requirements for local health departments and the AAA and local mental health authority in the process	***Public meetings*** organized and publicized by CAC members are held quarterly in one of the three counties. CHIP meets and exceeds OHA contract requirements and PHAB, LMHA and AAA requirements.

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: • 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; and • Workforce development approaches and outcomes	As an update, provide information related to new sources of data utilized to identify health needs and disparities, i.e. OEI race/ethnicity data, focus group information, school based data. If applicable, describe how the CHIP work aligns with work through the Transformation Plan. If applicable, describe how the CCO has leveraged resources to improve population health. How has the CHP work addressed integration of services? What difficulties has the CCO encountered in accessing health disparities data?	AllCare is working with ***Regional Health Equity Coalition*** to collect additional data related health disparities. Findings on health needs and disparities were described extensively in the CHA and CHIP, there have been no significant changes in data sets since submission. The CHIP & CHA are integral in the development and implementation of AllCare ***Transformation*** and ***Quality Improvement*** plans. Specifically, there is cross pollination of strategies and staff working on projects in all three plans, based on data collected and analyzed in both the CHA and CHIP. A major example of integration across the ***Transformation Plan***, ***QI*** plan and CHIP is the development of an alternative payment structure for primary, specialist, NEMT, oral and behavioral (AD and MH) health programs. This system transitions AllCare from volume-based care to value-based care and is driven by all three plans. Recent results of the AllCare 2014 Quality Incentive measures report have spawned the development of an internal work plan addressing weaknesses identified in the report. ***Workforce***: AllCare has been working with Southern Oregon Univeristy to support health home for all University students. Also pursuing a contract w/Planned Parenthood to address behavior and create additional "touch-points" for high risk youth. Provided scholarships to 6 people to complete community health worker program, emphasis supporting bilingual workforce. Also providing regular support to Rogue Community College to provide scholarships for health related fields.
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.	CHP progress report due to David Fischer at DMAP on June 30, 2015. Checklist/reporting form provided by OHA is optional.	n/a
f	Adopt a comprehensive local plan for the delivery of local mental health services for children, families, adults and older adults that describes the methods by which the LMHA will provide those services.	Describe how local mental health services are provided in a comprehensive manner. Note that this may not be in the CHP but may be available via another document.	Supporting task force efforts for youth suicide in Jackson County, supporting peer support specialist programs in all three counties. Conducted baseline on-site audits of all 3 CMHP agencies, working directly w/AMH and CMHPs to address gaps in care in all three counties.

Please see ***Optional*** Checklist for CHP Progress Report in Appendix

Project Spotlight 2014-2015

The following are examples of projects that CAC members and CCO staff have been instrumental in developing in the last year.

Curry County CAC

The CAC School Based Health Center Work group in Curry County began with a tour of the only school based health center in Curry County in 2014. They then moved to identify opportunities for improved integration of dental and mental health services and supported the immediate expansion of services to include dental sealants and prevention materials, mental health education and referral services and addiction prevention education resources, all at the SBHC. The work group is also supporting the development of a youth council to support efforts.

"A priority for us is to develop a good strong youth council, we recognize the importance of having youth voice in the work we are doing to improve SBHC services" -CAC member

Jackson County CAC

Youth homelessness was identified as a major concern for the Jackson CAC and upon formation of a work group with two other area CCOs and their CACs, the group has been planning a youth empowerment summit. The collaborative seeks to engage with other community partners to help identify areas that CCOs may consider supporting in the future. The group also supported a "Medicaid 101" outreach event which included information about CCO benefits, care coordination and information about community agencies. Lastly, the collaborative is also identifying which agencies in the community have active youth councils and exploring how CCOs can reach out to listen to youth voice in these groups.

Josephine County CAC

The Josephine County CAC partnered with a local farm (Raptor Creek), OSU Extension services, the YMCA, and the Boys and Girls Club to on a pilot project to promote gardening and nutrition education. The program offers youth an opportunity at a summer camp gardening project to increase knowledge and skills about gardening and preparing fresh healthy foods. The pilot project will be evaluated at the end of the season with the ope to expand to include additional children and more communities in 2016.

Next Steps

2015-2016 efforts will be focused on continuing to engage CAC members in completing CHIP activities and projects and monitoring and evaluating their success. Work groups will continue to meet regularly, funding will be distributed to specific CHIP projects and a dashboard to monitor progress will be established. Finally, the CACs are already beginning to prepare for the 2016 Community Health Assessment process.

Appendix

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

Reporting period July 1, 2014 – June 30, 2015

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" as found at http://transformationcenter.org/cco-resources/?keyword=&filter=cac&sort=.

(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: Please see report document, page 4 "AllCare CCO Activity Highlights"

(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: Please see report document, page 4 "AllCare CCO Activity Highlights"

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

Reporting period July 1, 2014 – June 30, 2015

(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: Please see report document, page 4 "AllCare CCO Activity Highlights"

(b.) Contractor, with its CAC, shall collaborate with OHA Office of Equity and Inclusion to develop meaningful 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: Please see report document, page 5 "AllCare CCO Activity Highlights"
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 Describe engagement and representation of diverse communities: Please see report document, page 5 "AllCare CCO Activity Highlights"

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

Reporting period July 1, 2014 – June 30, 2015

(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: Public meeting organized and publicized by CAC members, held quarterly in one of the three counties.

(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: Please see report document, page 6 "AllCare CCO Activity Highlights"

(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. Please see report document, page 6 "AllCare CCO Activity Highlights"