

CASCADE HEALTH ALLIANCE
CAC CHP ANNUAL PROGRESS REPORT

06/30/2015

Cascade Health Alliance (CHA) was the last CCO developed and began serving members in September 2013. The Community Advisory Council (CAC) was formed in early 2014. The council is comprised of over 51% of CHA members who either are members themselves or are caretakers of members. The remaining members represent diverse professional backgrounds in either the healthcare or behavioral healthcare professions and are able to present perspectives related to the groups that they serve. The CAC is enthusiastic and engaged and quickly began working on the CHP. The CHP was finalized at the end of December 2014 and the CAC and CHA have worked diligently to engage with community partners to reach the goals and objectives outlined on the CHIP.

Language from CCO Contract, Exhibit B # 4 (pages 28-30)

a.1 To the extent practicable, the contractor shall include in the CHA and CHP a strategy and plan for working with:

- **Early Learning Council:**

The Early Learning Hub in our county is not yet fully developed. Our county has been accepted as part of the Douglas County HUB, but has not yet signed the state agreement. A member of the CAC is currently the Co-Chair of the HUB and has helped organize meetings and provide information and input for the priorities and strategies the local HUB has determined it will focus upon.

- **Youth Development Council:**

The Youth Development Council is not currently in the CAC and the CCO has not had the opportunity to focus its efforts in this area.

- **Local Mental Health Authority:**

The Deputy Director of the local Mental Health Authority, Klamath Basin Behavioral Health (KBBH), is a CAC member and helped develop the CHP. One of the objectives of the CHP was to improve communication and collaboration between behavioral health providers and primary care providers. Her agency has developed and hired a case manager who is a liaison between mental and physical health providers. She regularly provides updates to primary care providers on mutual members.

- **Oral Health Providers:**

The Regional Manager of Advantage Dental has recently begun attending the CAC meetings and plans on giving a presentation in the summer of 2015 to the CAC about oral health benefits and integration. The DCO and CHA have begun discussions about developing systems to better serve members and assure DHS children are receiving dental exams within the time required to meet the incentive metric.

- **Local Public Health Authority**

Collaboration with Local Public Health has been a key area of strength for the CAC and CHA. An employee of Public Health is currently on the CAC and is a key organizer in collaborating with Cascade Health Alliance (CHA), Public Health, Aging and Persons with Disabilities, the local senior center, Tribal Health, and other community members to bring Stanford's Living Well program to Klamath County to address the CHIP objective of supporting people living with chronic illness and disease. Volunteer leaders have been identified and will begin training this summer. Accumentra Health is sponsoring the training and CHA will use flex fund monies to provide training materials for its members.

Local Public Health collaborated with Oregon Health Sciences University (OHSU) nursing students to address the CHP goal of reducing smoking among pregnant mothers. They surveyed pregnant mothers about what type of intervention they would find most helpful in their tobacco cessation attempts. Public Health implemented the results of that data by training three interventionists and developing one-on-one counseling that was available both during the day and in the evening to accommodate different work schedules.

- **Community Based Organizations:**

Cascade Health Alliance is a member of Healthy Klamath – a group comprised of health professionals, elected officials, media, business leaders, public school employees, CAC members and other concerned stakeholders. Healthy Klamath is working on initiatives to improve the health of Klamath County and address many of the objectives in the CHP, including chronic disease, transportation and living a healthy lifestyle. Some of Healthy Klamath's initiatives have included adding bike lanes to the city of Klamath Falls, improving walking areas, and most recently, bringing the Blue Zones Project to Klamath Falls.

Cascade Health Alliance has collaborated with the local YMCA to provide punch cards for its members through use of flex funds. In addition, members can use flex funds to purchase workout clothing and gear to assist members manage their chronic disease by obtaining regular exercise.

The Public Health CAC member is also heavily involved with the Klamath Regional Health Equity Coalition. Currently they are starting a health education summer lunch program for children. They are providing materials in both English and Spanish along with programming that teaches children the importance of nutrition and physical activity.

- **Hospital Systems:**

An employee of Sky Lakes Medical Center, the only hospital in Klamath County, is a CAC member and director of a program that addresses the transportation and chronic disease objectives on the CHIP. Using Transformation Dollars and Non-Emergency Medical Transportation and in collaboration with the hospital, CHA funded a program using non-traditional healthcare workers who transport high-need members to medical

and behavioral health appointments, make home visits, assist with grocery shopping and provide other services to help members manage chronic health issues.

- **School Health Providers:**

Although there is not a school-specific health provider on the CAC, the Chief Operations Officer is working closely with the Public Health CAC member to explore the possibility of establishing a school based health center in the city high school. There is great potential to meet metrics for Well Child Visits and other incentive measures by partnering with the school based health center. If OHA grant funding is secured, CHA will be a major stakeholder and driver of this project.

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.

- a. Base the CHP on research, including research into adverse childhood experiences;**

The Community Mental Health Program (CMHP) is exploring bringing ACES training by Dr. Felitti to the community in 2015. A community-wide training on Trauma Informed Care sponsored by the local Department of Corrections was held in June 2015. Trauma Informed Care training was provided for early childhood home visitors in May 2015. Trauma Informed Care training for is planned for CMHP staff in June 2015.

In January 2015, CHA collaborated with other community partners to sponsor a three day National Association of Social Workers conference in Klamath Falls. The focus was on mental health and addictions treatment and addressed motivational interviewing, post-traumatic stress disorder, and training on seeking safety for adolescents.

The CAC is also planning to partner with KBBH to offer Mental Health First Aid training to prepare frontline staff for appropriately responding to individuals with severe mental illness and to give them the service and dignity they deserve.

- b. 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;**

Klamath County currently has one SBHC in Gilchrist, however they are in the catchment area of Deschutes County, so LaPine Community Health Center, an FQHC is the medical sponsor. As for Klamath Falls, a team is established and led by the Public Health Department in partnership with the Klamath Falls City School District. Behavioral Health is also helping with planning. As mentioned before, progress of

this project is dependent largely on OHA funding, so we are continuing our planning efforts to the best of our abilities with limited resources. State is providing assistance with development through Oregon Solutions Network.

c. Improve the integration of all services provided to meet the needs of children, adolescents, and families;

Sanford Pediatric Clinic and KBBH continue to plan for placement of a behavioral health provider in Sanford Clinic. KBBH has hired a Primary Care Provider Coordinator who works with PCPs to share information about common clients.

d. Address primary care, behavioral and oral health, promotion of health and prevention and early intervention in the treatment of children and adolescents.

The CAC has community members who work with Head Start and participate in the review of the health needs of children. The CAC Chairperson, a physician, and another CAC member, represent providers who provide primary care, behavioral and oral health, promotion of health and preventive care to children.

The Public Health CAC member is also heavily involved with the Klamath Regional Health Equity Coalition. Currently they are starting a health education summer lunch program for children. They are providing materials in both English and Spanish along with programming that teaches children the importance of nutrition and physical activity.

A CAC member also serves as a steering committee member of the KRHEC with a particular focus on DD services for children, adolescents and adults.

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.

Cascade Health Alliance used Transformation Funds to collaborate with Klamath Basin Behavioral Health to develop Pine View, an adolescent residential program and respite care provider. Prior to the development of Pine View, Klamath Basin youth who required a higher level of care had to leave the community, which required them to change schools, behavioral and physical care providers and separate from their families. By enabling these youth to stay in the community, the program reduces trauma to children while allowing them to receive the higher level of care they require.

The Deputy Director of KBBH is a CAC member and provides valuable insight and opportunities for CHA.

Several CAC members are currently attending the local Early Learning Hub planning committees.

The CHA COO and several CAC members, including the chairperson, are on the Communities That Care committee. This is an Annie Casey funded, data-driven, evidence-based project that is aimed at reducing child abuse and keeping families together.

- 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.

The CAC has started reviewing data to identify health disparities among CHA members based upon race, ethnicity, language, age and gender.

CHA has had discussions with OEI about data and about how OEI can support the CAC. The CAC plans to utilize consultation from OEI regarding the CHP and how to view it through a health equity lens.

CHA is currently working with the Transformation Center on providing technical assistance in member engagement and engagement of a more diverse population in the CAC membership. There are plans to have training for the CAC and CHA leadership and employees in August 2015.

CHA has collaborated with Oregon Housing and Community Services and other local community partners to explore health disparities as they relate to housing in Klamath County. A presentation to the CAC from the Oregon Housing Integrator is being planned, with the possibility of a Housing Forum being presented to the community.

CHA staff has attended the local Regional Health Equity Coalition meetings and recently CHA's CEO presented at its recent annual gathering at the Running Y in Klamath Falls. And as previously mentioned one of the CAC members is involved with the coalition, which is starting a health education program in partnership with the summer lunch program.

CHA used Transformation Funds and NEMT monies to collaborate with Sky Lakes Medical Center to provide Traditional Community Health Care Workers. This program addresses health disparities by assuring that members who have difficulty with access to health care receive transportation to doctors' appointments, help with shopping and medication management. The health care workers reflect the members served as there is a bilingual worker, a worker who has been a Medicaid member and a worker with a chronic disease.

- 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.

The CAC has been reviewing CHA's website and discussing ways to make the CAC meetings more inviting and transparent.

Our CAC has invited many community members to attend meetings. Included in meetings have been:

Jill Sipes, LTSS Innovator Agent
Nikki Zogg, Central Oregon Regional Manager, Advantage Dental
Jackie Shannon, Director, Integrated Program in Community Research
Associate Professor, Public Health & Preventive Medicine
Oregon Health & Science University
Jenny Narron, Public Health Tobacco Prevention Coordinator
Andrea Rawson
Deanna Simon, OHA, Regional Outreach Coordinator
Rose Keppinger, OHSU nursing student
Becca Ferrer, OHSU nursing student,
Rose Adrienne Mastrandrea, RN
Stephanie Machado, Public Health, Smoking Cessation

- d. The CHA and CHP adopted by the CAC shall describe the full scope of findings, priorities, actions, responsibilities and results achieved.
- See Appendix A
- 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.
- This CHP progress report fulfills this obligation.
- 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.

Klamath County does not have a Local Mental Health Authority. Around the same time that CHA became a CCO, the Klamath County Commissioners relinquished their role as the LMHA and assigned Klamath Basin Behavioral Health as the Community Mental Health Program. As KBBH has grown and developed, they have recognized the need to update the previous comprehensive plan that was developed by the former LMHA.

KBBH plans to collaborate with CHA to write a new plan this biennium that addresses the gaps in the system and needs in services. Some of these goals include increasing the availability of psychiatric care, improving access, behavioral and physical health integration, increased services in non-traditional environments, and increased housing options.

Appendix A

CHP Progress

High Level Goal

Accomplishments

Challenges

Physical Activity		
Increase the number of members engaging regular physical activity	<p>Developed flex fund policy that allows members to have access to punch cards to YMCA or clothing and equipment for an active lifestyle.</p> <p>Developed a relationship with YMCA to provide punch cards for members.</p> <p>Continued collaboration with Healthy Klamath has resulted in Klamath Falls being chosen as a potential "Blue Zones" community, in addition to other healthy initiatives that promote physical activity such as adding bike lanes in town and the Walk and Plant initiative that is planting trees by bike and walk paths.</p> <p>Continued collaboration with KRHEC. They are starting their summer lunch health education program where they will be teaching children about the importance of physical activity (and they'll be engaging in physical activity during the program)</p> <p>Continue to have a CAC member on the KRHEC steering committee</p>	<p>Flex fund policy still needs to be approved by CHA committees and board.</p> <p>As a result of the waiting for approval of the flex fund, utilization of this benefit remains low.</p>

<p>Chronic Disease</p> <p>Support people living with chronic illness and disease to be empowered and engaged in their health</p>	<p>CHA and the CAC have collaborated with other community partners including Public Health, OSU Extension Office, Aging and People with Disabilities, The Senior Citizens Center, Area Agency on Aging , and the Klamath Tribes to bring the Living Well Program to Klamath County. Volunteers have been identified and their training will occur this summer with an expected start date for the classes in Fall 2015</p>	<p>Funding and coordination of this project has been a challenge. With so many stakeholders and moving parts it's difficult to make decisions before deadlines pass. The official trainings are being sponsored by Accumentra Health and the senior citizens' center is donating a part-time, temporary coordinator. A permanent coordinator and funding will be needed in the future to sustain the program.</p>
<p>Reduce tobacco use, particularly in pregnant women, and increase quit attempts.</p>	<p>Public Health and OHSU Nursing students collaborated in conducting a survey of 254 unique pregnant patients.</p> <p>The results of the survey indicated that most respondents preferred one-on-one cessation counseling.</p> <p>This service was previously not easily obtained in the Klamath County. In response to the survey, Public Health sent three individuals to Tobacco Treatment Specialist training at the Mayo Clinic and they are ready to provide individual cessation counseling.</p> <p>Fliers about the service have been distributed to clinics and there are both day and evening classes to accommodate members' work schedules.</p>	<p>Future goals will be to assess utilization of this resource.</p>

<p>Improve communication and collaboration between mental health providers, human service providers, and primary care providers</p>	<p>Klamath Basin Behavioral Health has hired a PCP coordinator who assures the PCPs obtain behavioral health information about common members.</p> <p>Klamath Basin Behavioral Health has developed an advisory council to engage the community and key stakeholders for feedback on their operations.</p> <p>CHA is developing a committee to work on primary care and behavioral health integration.</p>	<p>Future challenges will be to assess objective indicators of success in this area.</p>
<p>Identify resources for training caregivers of people with mental, behavioral, and/or developmental disabilities.</p>	<p>Mental Health First Aid training is being provided by KBBH to frontline staff in the physical and behavioral health fields. This is to help non-treatment staff improve their skills and understanding while interacting with people with behavioral health or cognitive impairments.</p> <p>Trainings have already started and are being offered to community partners in a broader way this summer.</p>	
<p>Coordinate case management and resources for Cascade Health Alliance members</p>	<p>CHA has purchased Essex, a case management computer program that assists in case management.</p>	<p>Future challenges will be in identifying an objective measurement of success. We may need to find benchmarks for use of case management.</p>
<p>Increase awareness of CHA transportation benefit</p>	<p>CHA is currently coordinating technical assistance training with the Transformation Center on</p>	

	member engagement with the first training to start in August.	
Understand barriers to utilizing transportation benefit	Plan for follow-up survey to assess barriers.	Need an adequate strategy to reach members before a survey will have good return rate so waiting until that has been achieved.
Improve transportation options to non-traditional health services and/or locations	Non-Traditional Health workers have been hired through transformation dollars and collaboration with Sky Lakes Medical Center. The program currently has 153 active clients and has demonstrated an 83% drop in ED visits. They provide home visits, transportation to the pharmacy, and help with grocery shopping.	
Streamline transportation benefit		